

05/17
05/21



PURCHASE ORDER

PO Number **PO000223**

(Please quote this number on all related correspondence, delivery/shipping papers and invoice)

TO: LAUSGROUP LAND CORPORATION DBA LAUSGROUP EVENT CENTRE LGC BOULEVARD, LAUSGROUP COMPLEX, JOSE ABAD SANTOS Contact Name: CATHERINE YAMBAO Tel No.: 09985878252 TIN: 006782588001	DELIVER/SHIP TO: Bases Conversion and Development Authority 2F Bonifacio Technology Center 31st Street corner 2nd Avenue BGC Taguig NCR 1634 Contact Name: Procurement Division Tel No.: 575-1700 Fax No.: 816-0978 TIN: 002-219-694-000
--	---

PO Date of Approval	PR No.	Requesting Department	Mode of Procurement	Date of Delivery	Delivery Term	Payment Term
5/17/2018 5/19/18 <i>Ypd</i>	0000135		SVP	5/15/2018	5 days	COD
Item	Quantity	Unit	Description	Unit Cost	Amount	
1	500.00	ITEM	CATERING SERVICES-APM, PLATED MEALS FOR LUNCH	560.00	280,000.00	

NOTE: MU, CATERING SERVICES FOR THE NLBC ON 18 MAY 2018
PURCHASE REQUEST NO. 0000242

PESOS: TWO HUNDRED EIGHTY THOUSAND AND 00/100 PESOS ONLY	280,000.00
---	-------------------

Terms and Conditions:

This Purchase Order (PO) shall be governed by the General Terms and Conditions printed at the back hereof

Note: Please attach the original copy of this order together with the DELIVERY RECEIPT and SALES INVOICE in the triplicate.

FUNDS AVAILABLE:

[Signature]
HEDDA Y. RULONA
 DMIII, Budget Department *atm*

Approved by:

[Signature]
BGEN CARLOS F. QUITA (RET)
 VP-CSG

Recommended by:

[Signature]
 Manager, PPM

I hereby certify that I am authorized representative of the company and that by affixing my signature, it shall bind the company I am representing to the terms and conditions of the PO and all applicable provisions of RA 9184 and its revised IRR and other applicable government rules.

I further certify that the above prices, which were quoted in the Request for Quotation (RFQ), are inclusive of all taxes, freight, insurance and all other incidental expenses necessary for its delivery.

CONFORME:

Date Received: _____

Printed Name and Signature of Authorized Representative

(The supplier shall sign and return the acknowledgement copy to BCDA-Procurement or through fax within five (5) working days after issuance.)

KINDLY REFAX TO 5751785 OR EMAIL TO ifdavid@bcda.gov.ph THANKS.



05/17/18
AK 5/21

PURCHASE ORDER



PO Number PO000223

(Please quote this number on all related correspondence, delivery/shipping papers and invoice)

TO: LAUSGROUP LAND CORPORATION DBA LAUSGROUP EVENT CENTRE LGC BOULEVARD, LAUSGROUP COMPLEX, JOSE ABAD SANTOS Contact Name: CATHERINE YAMBAO Tel No.: 09985878252 TIN: 006782588001	DELIVER/SHIP TO: Bases Conversion and Development Authority 2F Bonifacio Technology Center 31st Street corner 2nd Avenue BGC Taguig NCR 1634 Contact Name: Procurement Division Tel No.: 575-1700 Fax No.: 816-0978 TIN: 002-219-694-000
--	---

PO Date of Approval	PR No.	Requesting Department	Mode of Procurement	Date of Delivery	Delivery Term	Payment Term
5/17/2018	0000135		SVP	5/15/2018	5 days	COD

Item	Quantity	Unit	Description	Unit Cost	Amount
1	500.00	ITEM	CATERING SERVICES-APM PLATED MEALS FOR LUNCH	560.00	280,000.00

NOTE: MU, CATERING SERVICES FOR THE NLBC ON 18 MAY 2018
PURCHASE REQUEST NO. 0000242

PESOS: TWO HUNDRED EIGHTY THOUSAND AND 00/100 PESOS ONLY	280,000.00
--	------------

Terms and Conditions:
This Purchase Order (PO) shall be governed by the General Terms and Conditions printed at the back hereof.

Note: Please attach the original copy of this order together with the DELIVERY RECEIPT and SALES INVOICE in the triplicate.

FUNDS AVAILABLE: HEDDA Y. RULONA DMAIL Budget Department	Approved by: BGEN CARLOS F. QUITA (RET) VP-DSG Recommended by: Manager PPMD
--	--

I hereby certify that I am authorized representative of the company and that by affixing my signature, it shall bind the company I am representing to the terms and conditions of the PO and all applicable provisions of RA 9184 and its revised IRR and other applicable government rules.

I further certify that the above prices, which were quoted in the Request for Quotation (RFQ), are inclusive of all taxes, freight, insurance and all other incidental expenses necessary for its delivery.

CONFORME:

Date Received: _____ Printed Name and Signature of Authorized Representative

(The supplier shall sign and return the acknowledgment copy to BCDA Procurement in through fax within five (5) working days after receipt.)

KINDLY REFAX TO 5751785 OR EMAIL TO hdavid@bcda.gov.ph THANKS.

