as And



## **PURCHASE ORDER**

## **PO Number**

## PO000085

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

TO:

ST. GIRARD PRINTER, INC.

83 President Avenue, BGF Homes Parañaque

**DELIVER/SHIP TO:** 

Bases Conversion and Development Authority

31st Street corner 2nd Avenue BGC 2F Bonifacio Technology Center

Taguig NCR 1634

Contact Name:

Antonette Cabral

Tel No .: TIN:

809-2551

007-804-570

Contact Name:

Tel No.:

Fax No.:

002-219-694-000

1,600.00

TIN: PO Date of Approval PR No. Requesting Mode of Procurement Date of **Delivery Term Payment Term** Department Delivery 2/26/2018 000032 **PPMD** SVP 15 days upon 30 Days final proofing 2/27 Item No. Quantity Unit Description **Unit Cost** Amount 1,600.00

20.00

REAM

LETTERHEAD WITH BCDA LOGO (1ST PAGE)

85 GSM, SIZE A4, 500PCS/REAM

COLOR, FULL COLOR, OFFSET PRINTING CANON LAID NEW BRILLIANT WHITE

ONE SIDE PRINT, INCLUDES COLOR SEPARATION

2

20.00

REAM

LETTERHEAD WITH BCDA LOGO (2ND PAGE)

85 GSM, SIZE A4, 500PCS/REAM

COLOR, FULL COLOR, OFFSET PRINTING CANON LAID NEW BRILLIANT WHITE

ONE SIDE PRINT, INCLUDES COLOR SEPARATION PPMD, STOCKING PURPOSES FOR THE FIRST QUARTER REQUIREMENTS

NOTE: PR NO 000044

PESOS:

SIXTY FOUR THOUSAND

64.000.00

32 000 00

32,000.00

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 DMIII, Budget Department Approved by

BGEN CARLOS F. QUITA (RET)

VP-CSG

Recommended

SUSAN R. RAMOS

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 ceritify 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.

√3 - ( -12 Date Received

CONFORME:

GENNE

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.







BCDA°

## **PURCHASE ORDER**

**PO Number** 

PO000085

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

TO:		DELIVER/SHIP TO:						
ST. GIRARD PR 89 President Ave	INTER, INC. enue, BGF Homes Paraña	Bases Conversion and Development Authority 31st Street corner 2rid Avenue BGC 2F Bonifacio Technology Center Taguig NCR 1634						
Contact Name: Antonette Cabral			Contact Name:					
Tel No.: 809-2551			Tel No.:				1	
TIN: 007-804-570		Fax No.:						
	00,		TIN:	വര	-219-694-000		j l	
PO Date of Approval	PR No.	Requesting Department	Mode of Procurement	Date of Defivery	Delivery Term	Рауп	ient Term	
2/26/2018 - 2/27/14 4/2	000032	PPMD	SVP		15 days upon final proofing	30	Days	
	antity Unit		Description	<u> </u>	Unit Co:	st	Amount	
	20.00 REAM	LETTERHEAD W	ITH BCDA LOGO (1ST PAGE)			0.00	32,000.00	
į		85 GSM, SIZE	A4, 500PCS/REAM					
			COLOR, OFFSET PRINTING					
	CANON LAID NEW BRILLIANT WHITE							
		ONE SIDE PRI	NT, INCLUDES COLOR SEPA	RATION		1		
2 2	20,00 REAM	LETTERHEAD 1	WITH BCDA LOGO (2ND PA	GE)	1,60	0.00	32,000.00	
85 GSM, SIZE A4, 500PCS/REAM							•	
			COLOR, OFFSET PRINTING					
		CANON LAID N	NEW BRILLIANT WHITE					
- ¥		ONE SIDE PRI	NT, INCLUDES COLOR SEPA	RATION		: !		
	ID, STOCKING PURPOSES NO.000044	FOR THE FIRST QU	ARTER REQUIREMENTS				- - :	
PESOS:	SIXTY FOUR THOUSAND					. :	64,000.00	
Terms and Condition	S:	<del>- , , - , , - , - , - , - , - , - , - ,</del>		,			<u> </u>	
This Purch	ase Order (PO) shall be gov	emed by the General 7	Ferms and Conditions printed at the	e back hereof	;			
Note: Please attach the	e original copy of this order to	gether with the DELIV	ERY RECEIPT and SALES INVO	CE in the trip	licate.			
FUNDS AVAILABI		<del></del>						
COUDS WANDADA	- ·			Approved by	1.			
Guntia				De la	11 k-		:	
HEDDAY RULO				BOEN CARL	.OS F. QUITA (R.			
DMIII, Budget Dep				VP-CSG	OS P. QUITA (R	E(1).		
				Recommend	ed /			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				047	$\checkmark$	i		
. 1 . 1				SUSAN R. R	AMOS			
				OIC, PPMD				
) hereby ca	erury that I am authorized rep	presentative of the com	npany and that by affixing my signa	ture, it shall b	ind the			
company i am represei	nung to the terms and conditi	ons or the PO and all a	applicable provisions of RA 9184 a	nd its revised	IRR and other ar	plicable go	vernment rules.	
trace.		hilah manan mindasi (* 1)	m The invited Region (Const.)		ا د د دوست			
			e Request for Quotation (RFQ), are	e inclusive of	all taxes, freight,			
insurance and all other	incidental expenses necess		CONFORME:		_			
- 1 ( ) A (		•	CONFORME:		ĺ			

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