

PURCHASE ORDER

PO Number

PO000329

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

TO:

15

SOUTHSTAR DRUG INC.

Forbes Town Center, 32nd St.

Burgos Circle, BGC

Taguig City

DELIVER/SHIP TO:

Bases Conversion and Development Authority

2F Bonifacio Technology Center

31st Street corner 2nd Avenue BGC

Taguig NCR 1634

Contact Name:

Christine Tueres

Contact Name:

Procurement Division

Tel No.:

833-3345

Tel No.:

575-1700

TIN:

228037432000

Fax No.:

816-0978

TIN:

002-219-694-000

11111											
PO Date of Approval		PR No.		Requesting Department	Mode of Procurement	Date of Delivery	Delivery Term		Payment Term		
7/9/2018		0000199		PPMD	SVP		20 Days		CRE	REDIT 30	
Item	Qua	ntity	Unit		Description	1		Unit Cost		Amount	
1		18.00	PIECE	PREPAID	CELL CARDS, GLOBE @	500			500.00	9,000.00	
2		50.00	PIECE	PREPAID	CELL CARDS, GLOBE @	300			300.00	15,000.00	
3		261.00	PIECE	PREPAID	CELL CARDS, GLOBE @	100			100.00	26,100.00	
4		6.00	PIECE	PREPAID	CELL CARDS, SMART @	500			500.00	3,000.00	
5		9.00	PIECE	PREPAID	CELL CARDS, SMART @	300			300.00	2,700.00	
6		75.00	PIECE	PREPAID	CELL CARDS, SMART @	0 100			100.00	7,500.00	

NOTE: PPMD- PREPAID CELL CARDS ALLOCATION FOR 3RD QUARTER ALLOCATION

PESOS: SIXTY THREE THOUSAND THREE HUNDERD

63,300.00

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:

hymbo

HEDDA Y. RULONA
DMIII, Budget Department

N

Vice President, CSG Recommended by:

SUSANA R. RAMOS

Officer-In-Charge, 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 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.

CONFORME:

DAKY

RUTH GUZ MA

7/16/18

Date Received:

Printed Name and Signature of Authorized Representative

KINDLY REFAX TO 5751785 OR

ifdavid@bcda.gov.ph

THANKS.



