



# PURCHASE ORDER

PO Number **PO000321**

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

<b>TO:</b> CT LINK SYSTEMS, INC. 2/f Vernida 1 Bldg. 120 Amorsolo St, Legaspi Vill Makati City Contact Name: Marcial C. Vega Tel No.: 893-9515 TIN: 201380948000	<b>DELIVER/SHIP TO:</b> 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
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PO Date of Approval	PR No.	Requesting Department	Mode of Procurement	Date of Delivery	Delivery Term	Payment Term
7/4/2018 <i>7/2/18 up</i>	0000191		SVP	7/4/2018	15 days	CREDIT 30
Item	Quantity	Unit	Description	Unit Cost	Amount	
1	1.00	LOT	INTEGRATED SECURITY MAINTENANCE ( PER ATTACHED PROPOSALS AND COMPLETE SPECIFICATION)	998,000.00	998,000.00	

NOTE: ICTD- ANNUAL MAINTENANCE OF ADVANCED INTEGRATED SECURITY SUITE  
PURCHASE REQUEST NO.0000323

<b>PESOS: NINE HUNDRED NINETY EIGHT THOUSAND AND 00/100 PESOS ONLY</b>	<b>998,000.00</b>
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**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]*  
**HEDDAN R. RULONA**  
 DMIII Budget Department *[Signature]*

Approved by:

*[Signature]*  
**BGEN CARLOS F QUITA (Ret)**  
 Vice President, CSG

Recommended by:

*[Signature]*  
**SUSANA R. RAMOS**  
 Officer-In-Charge, PPMO

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](mailto:ifdavid@bcda.gov.ph) THANKS.**





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CONFORME:

**ROSALBA NERA**

Date Received:

7/13/18