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Republic of the Philippines
Office of the President



PURCHASE ORDER

PO Number PO000374

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

TO: GA PRINTING, INC. 7713 SAINT PAUL STREET, SAN ANTONIO VILLAGE, MAKATI CITY Contact Name: Tel No.: 8903470 TIN: 000-120-362-00000	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
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PO Date of Approval	PR No.	Requesting Department	Mode of Procurement	Date of Delivery	Delivery Term	Payment Term
8/3/2018 <i>8/6/18</i>	0000235		SVP	8/3/2018	15 days upon approval of final proofing	COD
Item	Quantity	Unit	Description	Unit Cost	Amount	
1	1,000.00	ITEM	Clark Prospectus <i>Clark Prospectus with actual print proof 1000 pieces Full Color Offset Print Size - A3 (Folded in the Middle) Paper Type - Bevania White Thickness 160GSM</i>	19.00	19,000.00	

PESOS: NINETEEN THOUSAND AND 00/100 PESOS ONLY	19,000.00
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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: <i>[Signature]</i> HEDDA Y. RULONA DMIII, Budget Department	Approved by: <i>[Signature]</i> BGEN CARLOS F. QUITA (RET) VP-CSG <i>[Signature]</i> SUSANA R. RAMOS Officer-In-Charge, PPMD
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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.





PURCHASE ORDER

PO Number **PO000374**

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

cp Juke
Philapps
Amber 8/8
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HEDDA Y. RULONA
DMIII | Budget Department

Approved by:

[Signature]
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VP-CSG

[Signature]
SUSANA R. RAMOS
Officer-in-Charge, PPMD

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CONFORME:

[Signature]
TING ATI ANZAR

Date Received: 04 August 2018

Printed Name and Signature of Authorized Representative

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Procurement Division
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