

PURCHASE ORDER

PO **PO000468** / 488

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

TO: 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 Tel No.: 833-3345 TIN: 228037432000			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
10/15/2018 16/16/18	0000307	PPMD	SVP		30 DAYS	CREDIT 30
Item No.	Quantity	Unit	Description	Unit Cost	Amount	
1	11.00	PIECE	PREPAID/CELL CARDS, GLOBE @ 500	500.00	5,500.00	
2	54.00	PIECE	PREPAID/CELL CARDS, GLOBE @ 300	300.00	16,200.00	
3	300.00	PIECE	PREPAID/CELL CARDS, GLOBE @ 100	100.00	30,000.00	
4	3.00	PIECE	PREPAID/CELL CARDS, SMART @ 500	500.00	1,500.00	
5	9.00	PIECE	PREPAID/CELL CARDS, SMART @ 300	300.00	2,700.00	
6	82.00	PIECE	PREPAID/CELL CARDS, SMART @ 100	100.00	8,200.00	

Note: Prepaid Cell Card Various Allocation for the 4th Quarter 2018

PESOS: SIXTY FOUR THOUSAND ONE HUNDRED	Php	64,100.00
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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:

Approved by:


HEDDAY RULONA

DMIII Budget Department /A


BGEN CARLOS F. QUITA (RET)

Vice President, CSG


MARINELL R. PACLIBAR

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

✓ **CONFORME:**

CHRISTINE MARIE TUAERES

Date Received:

OCT. 16, 2018

Printed Name and Signature of Authorized Representative

KINDLY RE:FAX TO 5751785 ifdavid@bcda.gov THANKS.

Certified True Copy/Photocopy

10/18/22
Lohren J. Cabellon