

Bases Conversion and Development Authority

PURCHASE ORDER

PO Number

PO000415

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

TO:

SOMOLI ASIA VENTURES INC. Promenade Bldg., 198 Wilson St.

Brgy. Addition Hills,

San Juan City

Contact Name: Julius Ralph Aldaba

Tel No.: TIN: 996-5193

008871282000

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 816-0978

Fax No.:

0 0010

TIN:

002-219-694-000

PO Date of Approval		PR No.		Requesting Department	Mode of Procurement	Date of Delivery	Delivery	very Term Payment Te		ment Term
9/18/2018		0000266			SVP	100	45 days		CREDIT 30	
Item	Quantity Unit		Unit	Description				Unit	Cost	Amount
1		215.00	ITEM	RFID CARD CASE, SIZE 116x62x9MM, 47 CARD CAN FIT , MATERIAL LEATHER, COLOR BLACK AND DARK GRAY WITH BCDA LOGO (FITHER					365.00	78,475.00

PRINTED DEBOSSED)

NOTE: PAD- CORPORATE MEDIA TOKEN PURCHASE REQUEST NO. 0000429

PESOS: SEVENTY EIGHT THOUSAND FOUR HUNDRED SEVENTY FIVE AND 00/100 PESOS ONLY

78,475.00

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

DMII, Budget Department /

Approved by:

BGEN CARLOS F. QUITA (RET)

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:

Date Received:

9/19/2018

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.

awarded to Philipps th 9/



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