

b/c 8/13

Republic of the Philippines
Office of the President



PURCHASE ORDER

PO

PO000990

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

TO:

DACRISDEEK ENTERPRISES
69 Vallarta, Pulong Munti
San Isidro, Nueva Ecija

Contact Name: Irma Francisco Bulalakaw
Tel No.: 514-5521
TIN: 239069130000

DELIVER/SHIP TO:

Bases Conversion and Development Authority
2F Bonifacio Technology Center
31st Street corner 2nd Avenue BGC
Taguig NCR 1634

Contact: Procurement Division
Tel No.: 575-1700
Fax No.: 816-0978
TIN: 002-219-694-000

8/29

PO Date of Approval	PR No.	Requesting Department	Mode of Procurement	Date of Delivery	Delivery Term	Payment Term
8/9/2019 8/13/14	0000742	GSD	SVP		15 calendar days	CREDIT 30
Item No.	Quantity	Unit	Description	Unit Cost	Amount	
1	17.00	ITEM	FIRE EXTINGUISHER, 10 LBS, HCFC 123, BRAND NEW WITH 17 PCS FIRE EXTINGUISHER HOLDER (HOOK) AND 17 PCS FIRE EXTINGUISHER SIGNBOARD, LION	4,485.00	76,245.00	

NOTE: GSD- FIRE EXTINGUISHER FOR PDS COMPLEX AND FORMER BMHI OFFICE
PURCHASE REQUEST NO. 0001191

PESOS: SEVENTY SIX THOUSAND TWO HUNDRED FORTY FIVE AND 00/100 PESOS ONLY

76,245.00

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:

Approved by:

HEDDA Y. RULONA

DMII, Budget Department

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 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:

IRMA F. BULALAKAW

Date Received:

Aug. 14, 2019

Printed Name and Signature of Authorized Representative

KINDLY REFAX TO 5751785 OR EMAIL TO ifdavid@bcda.gov.ph

THANKS.



Procurement Division
FG2019 - 0696