

mailed 8/7

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PURCHASE ORDER

PO Number PO000971

(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: 00012036200000

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

PO Date of Approval	PR No.	Requesting Department	Mode of Procurement	Date of Delivery	Delivery Term	Payment Term	
8/1/2019 8/7/19	0000708	MU	SVP		15 calendar days upon approval of final proofing	CREDIT 30	
Item No.	Quantity	Unit	Description			Unit Cost	Amount
1	1,000.00	ITEM	CLARK PROSPECTUS FOLDER WITH ACTUAL PROOFING SPECIFICATIONS FULL COLOR OFFSET PRINT SIZE - A3 (FOLDED IN THE MIDDLE) PAPER TYPE - BEVANIA WHITE THICKNESS 160GSM			20.00	20,000.00

NOTE: MU, CLARK PROSPECTUS FOLDER
PURCHASE REQUEST NO. 0001179

PESOS: TWENTY THOUSAND AND 00/100 PESOS ONLY

20,000.00

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

DMIII, Budget Department

BGEN CARLOS F. QUITA (RET)

Vice President, CSG

Recommended by:

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, insurance and all other incidental expenses necessary for its delivery.

CONFORME:

TING ATANJAR

Date Received:

AUG. 7, 2019

Printed Name and Signature of Authorized Representative

KINDLY REFAX TO 5751785 ifdavid@bcda.gov THANKS.

