



# PURCHASE ORDER

PO Number **PO001275**

Please write the number on all related correspondence, acknowledging papers and checks

<b>TO:</b> INVICTUS DENTAL SUPPLIES TRADING 272 Borja Subd., Brgy. Parzan, Calamba City Laguna			<b>DELIVER/SHIP TO:</b> Bases Conversion and Development Authority 2F Bonifacio Technology Center 31st Street corner 2nd Avenue BGC Taguig NCR 1634			
Contact Name: ANNE C. SANCHEZ			Contact: Procurement Division			
Tel No.: 09178999778			Tel No.: 575-1700			
TIN: 189303614000			Fax No.: 815-0978			
			TIN: 002-219-094-000			
PO Date of Approval	PR No.	Requesting Department	Mode of Procurement	Date of Delivery	Delivery Term	Payment Term
12/5/2019	0001600	OP	Public Bidding		60 calendar days	CREDIT 30
Item No.	Quantity	Unit	Description		Unit Cost	Amount
1	1.00	LOT	SUPPLY AND DELIVERY OF VARIOUS DENTAL EQUIPMENT (AS PER ATTACHED REQUIREMENTS)		1,647,000.00	1,647,000.00

NOTE: OP, CSR OF VARIOUS DENTAL EQUIPMENT TO PHILIPPINE ARMY (PA)  
PURCHASE REQUEST NO. 0001647  
WARRANTY: ONE (1) YEAR WARRANTY IN ALL ITEMS

**PESOS: ONE MILLION SIX HUNDRED FORTY SEVEN THOUSAND AND 00/100 PESOS ONLY** 1,647,000.00

**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 invoice.

FUNDS AVAILABLE:

*[Signature]*  
**HEDDAY RULONA**  
DMS Budget Department, jr.

Approved by:

*[Signature]*  
**AILEEN AN. R. ZOSA**  
Executive Vice President

Recommended by:

*[Signature]*  
**BGEN CARLOS F. QUITA (RET)**  
Vice President, CSO

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 9164 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.

CONFIRME:

*[Signature]*  
**ANNE C. SANCHEZ**

Date Received: \_\_\_\_\_

Printed Name and Signature of Authorized Representative

KINDLY REFAX TO 5751785 OR EMAIL TO [iflavid@bcda.gov.ph](mailto:iflavid@bcda.gov.ph) THANKS.



Procurement Division  
FG2020-0030