

12/15/10  
OK- 8/27



# PURCHASE ORDER

PO PO000959

Please refer to the number on all related orders, contracts, delivery receipts, invoices and bills of material

|                                                                                |                               |                                                                                                                                                                 |                      |
|--------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| <b>TO:</b><br>MAGNETO ENTERPRISES<br>3265 R. Magsaysay Blvd Sta Mesa<br>Manila |                               | <b>DELIVER/SHIP TO:</b><br>Bases Conversion and Development Authority<br>2F Bonifacio Technology Center<br>11st Street corner 2nd Avenue BGC<br>Taguig NCR 1634 |                      |
| Contact Name: Jose Fuentabella                                                 | Contact: Procurement Division | Tel No: 715-0009                                                                                                                                                | Tel No: 575-1700     |
| TIN: 174669684000                                                              | Fax No: 816-0078              |                                                                                                                                                                 | TIN: 002-219-694-000 |

| PO Date of Approval  | PR No.  | Requesting Department | Mode of Procurement | Date of Delivery | Delivery Term    | Payment Term |
|----------------------|---------|-----------------------|---------------------|------------------|------------------|--------------|
| 7/29/2019<br>7/30/19 | 0000710 | RMOSD                 | SVP                 |                  | 30 calendar days | CREDIT 30    |

| Item No. | Quantity | Unit | Description                           | Unit Cost | Amount     |
|----------|----------|------|---------------------------------------|-----------|------------|
| 1        | 30.00    | UNIT | OPEN SHELVES, STEEL SHELVES, 7 LAYERS | 10,580.00 | 317,400.00 |

**SPECIFICATIONS:**  
DIM: 82" (H) X 50" (W) X 15" (D), GAUGE# 20  
7-ADJUSTABLE SHELVES, ALL STEEL, CUSTOMIZED,  
FABRICATED FROM HEAVY DUTY COLD-ROLLED  
SHEETS (CRS),  
GI SHEET GA# 20, WITH STIFFENERS EACH SHELF,  
CORNER GUSSET AND POST MADE OF FABRICATED  
ANGLE BAR,  
POWDER COAT FINISHED COLOR: OFFWHITE

NOTE: RMOSD- OPEN SHELVES FOR OFFICIAL USE IN CLARK RMOSD  
PURCHASE REQUEST NO. 0001148  
DELIVERY SITE: BCDA CLARK PMO OFFICE, PAMPANGA

|               |                                                                            |                   |
|---------------|----------------------------------------------------------------------------|-------------------|
| <b>PESOS:</b> | <b>THREE HUNDRED SEVENTEEN THOUSAND FOUR HUNDRED AND 00/100 PESOS ONLY</b> | <b>317,400.00</b> |
|---------------|----------------------------------------------------------------------------|-------------------|

**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: 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: JENELY FEDAZZO  
Printed Name and Signature of Authorized Representative

Date Received: JULY 31, 2019

KINDLY REFAX TO 5751785 ifdavid@bcda.gov.ph THANKS.