

OK S/TC

Republic of the Philippines
Office of the President



PURCHASE ORDER

PO Number PO000224

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

TO: SM MARANAO, INC CLARKVILLE COMPOUND CLARK PERIMETER ROAD BRGY ANUNAS ANGELES CITY Contact Name: Tel No.: TIN: 000818800000	DELIVER/SHIP TO: Bases Conversion and Development Authority 31st Street corner 2nd Avenue BGC 2F Bonifacio Technology Center Taguig NCR 1634 Contact Name: Procurement Division Tel No.: 575-1700 Fax No.: 816-0978 TIN: 002-219-694-000
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PO Date of Approval	PR No.	Requesting Department	Mode of Procurement	Date of Delivery	Delivery Term	Payment Term
	0000136		SVP		3 days	CREDIT 15
Item	Quantity	Unit	Description	Unit Cost	Amount	
1	85.00	ITEM	CATERING SERVICES-APM	1,500.00	127,500.00	

*AM Snacks, Buffet Lunch, PM Snacks
Unlimited serving of drinks (water, soda or juice)
Free flowing coffee
with Buffet set-up
Round table with skirting
Chairs with skirting*

NOTE: PAD, CATERING SERVICES FOR ADB FAMILIARIZATION TOUR
PURCHASER REQUEST NO. 0000234

PESOS: ONE HUNDRED TWENTY SEVEN THOUSAND FIVE HUNDRED AND 00/100 PESOS ONLY	127,500.00
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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
DMIII, Budget Department

KHM

Approved by:


BGEN CARLOS F. QUITA (RET)
VP-CSG

Recommended by:


Manager, 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:

Date Received: _____

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.



21/5/16

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