

25/F Vertis North Corporate Center 1 North Avenue, Quezon City 1105



**(**+632) 771-9722

## **PURCHASE ORDER**

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Supplier/Provider: BAN BEE COMMERCIAL CO., INC.						P. O. Number 201902-0028			
						Date	02/27/2019	02/27/2019	
Address		Tondo	, Manila	a		P.R. No.	201902-0038	201902-0038	
Tel./Fax	No. :	244-37	24 / 24	4-3716		Date	02-Nov-19	02-Nov-19	
TIN :		: 001-609-075-000				Mode of Procureme	nt Shopping	Shopping	
3									
Gentleme			orr "	f.n					
Item	Please furnish this Office the following articles subject to the terms and conditions containe tem   Stock								
No.	No.	Qty	Unit	Item I	Description	Unit	Cost Total		
3		2	рс	Paper Shredder	- Cooription	₱9,800.00	₱19,600.00		
5		1	рс	Water Dispenser		₱8,800.00	₱8,800.00		
7		1	рс	Extension Cord, 6-gan	₱1,000.00	₱1,000.00			
8							₱880.00	<b>P</b> 880.00	
9							₱600.00	<b>P</b> 3,600.00	
								1 0,000.00	
Amount in	n Words (	Gross):				Total:	***	₱33,880.00	
						(***Subject to all applicables taxes)			
Thirty Three Thousand Eight Hundred Eighty Pesos						( oubject to all applie	ables takes)		
4 Place of Delivery: Quezon City Delivery Term:						- Pick-up X	1	- Deliver w/in 15 calendar	
Date of Delivery/Completion: indicated above Payment Term:						-cod x		days from receipt of PO	
Date of Delivery/Completion: Indicated above Payment Term:l- CODX - w/in 15 days upon receipt of S									
Note: All materials replaced during the repair job shall be surrendered upon delivery of equipment to facilitate processing of									
payment. Unless otherwise indicated, the above terms and conditions are deemed accepted and form part thereof.									
5 Penalty Provision:									
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent									
for every day of delay shall be imposed.									
Very truly yours,									
Conforme: Amax									
DOMINGO L. FURING KENNETH V TANATE, PhD									
Supplier signature over printed name									
Date: Date:									
Funds Available : Al ORS No.									
Amount Date :					Amount :		ALOBS No.:		
					Date .				