



Ensuring businesses compete and consumers benefit

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## PURCHASE ORDER

<b>1</b> Supplier/Provider: <b>BANBEE COMMERCIAL CO., INC.</b> Address: Recto Ave. Tondo Manila Tel./Fax No.: 8986-9305 TIN: 001-609-075-000				<b>2</b> P. O. Number: <b>2024-02-0031</b> Date: <b>2/15/2024</b> P.R. No.: <b>2024-01-0037</b> Date: <b>29-Jan-24</b> Mode of Procurement: <b>Shopping (B)</b>			
<b>3</b> Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein							
Item No.	Stock No.	Qty	Unit	Item Description	Cost (PhP)		
					Unit	Total	
22		3000	piece	MASK, Surgical grade 3-ply	1.00	3,000.00	
27		10	piece	Extension Cord, 6-gang with switch, Length: 5M	980.00	9,800.00	
Amount in Words: <b>Twelve Thousand Eight Hundred Pesos</b>					Total: <b>12,800.00</b>		
					*Subject to Applicable Taxes		
					GROSS <b>12,800.00</b>		
<b>4</b> Place of Delivery: <b>PCC</b> Delivery Term: <input type="checkbox"/> Pick-up <input checked="" type="checkbox"/> 7-10 Calendar Days upon receipt of the signed PO Date of Delivery/Completion: Payment Term: <input type="checkbox"/> - COD <input checked="" type="checkbox"/> 15-20 days upon complete delivery							
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.							
<b>5</b> 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.							
Conforme: <b>[SIGNATURE REDACTED]</b> <b>DOMINGO L. FURINO</b> Supplier signature over printed name Date: <b>02-22-24</b>				Very truly yours, <b>[SIGNATURE REDACTED]</b> <b>KENNETH V. TANATE, PhD</b> Executive Director and Head of the Procuring Entity Date:			
<b>6</b> Funds Available: <b>[SIGNATURE REDACTED]</b> <b>REUBEN JONATHAN P. MONTENEGRO</b> Chief Accountant				<b>7</b> Amount: _____ ALOBS No.: _____ Date: _____			



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