



Construction Industry Authority of the Philippines

JOB ORDER

CIAP-F-PrM-02

Rev. No.: 00

1 Supplier/Provider : GRAFIQ ADVERTISING SYSTEM CORP.		2 P.O. No. : 2024-11-086	
Address: <u>29 Scout Limbaga Brgy.Laging Handa, Quezon City</u>		Date : <u>4 November 2024</u>	
Tel. / Fax No.: <u>8732-8223</u>		P.R. No. : <u>24-09088</u>	
TIN: <u>010-322-822-000</u>		Date : <u>17 September 2024</u>	
		Mode of Procurement: <u>NP-Small Value Procurement (Sec. 53.9)</u>	

3
Sir / Ma'am:
Please furnish this Office the following articles subject to the terms and conditions contained herein:

Item No.	Stock No.	Qty.	Unit	Description	Cost	
					Unit	Total
1		400	Piece	Ballpen	P 18.00	P 7,200.00
2		200	Piece	Alcohol Spray	P 48.00	P 9,600.00
3		300	Piece	Round Foldable Fan	P 39.20	P 11,760.00
4		300	Piece	Round Foldable Eco Bag	P 42.56	P 12,768.00
5		35	Piece	Large Canvass Boat Tote Bag	P 280.00	P 9,800.00
6		35	Piece	Journal Notebook Planner	P 224.00	P 7,840.00
7		11	Piece	Calling Cards	P 950.00	P 10,450.00
8		33	Piece	Gift Box	P 1,120.00	P 36,960.00
9		25	Piece	Sticker Pad/Bag Tag/Foldable Umbrella	P 425.60	P 10,640.00
10		1	Piece	Luggage Bag	P 6,720.00	P 6,720.00
11		27	Piece	Event Polo Shirt	P 580.00	P 15,660.00
Nothing Follows						

Amount in Words: ONE HUNDRED THIRTY NINE THOUSAND THREE HUNDRED NINETY EIGHT PESOS ONLY	Total P 139,398.00
	*Subject to applicable taxes
	Total <u>P 139,398.00</u>

4
Place of Delivery: CIAP Makati Office Payment Term: Check Payment (Landbank); 30 calendar days after complete delivery
Date of Delivery: _____ Delivery Term: Pick-Up Deliver within - calendar days from receipt of PO/JO by supplier

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 (1%) for every day of delay shall be imposed on the undelivered item/s.

Conforme:

<u>SHERDON ARIEL B. GUARD</u> Authorized Supplier Signature over Printed Name	Very truly yours,	<u>Felicia R. Usigan</u> OFELIA R. USIGAN Executive Director, CMDP
<u>11/8/2024</u> Date		_____ Date

6 Fund Cluster: _____ Funds Available: _____ _____ Chief Accountant/Head of Accounting Division/Unit	ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____
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