

Construction Industry Authority of the Philippines PURCHASE ORDER

CIAP-F-PrM-02 Rev. No.: 00

| Address: Tel. / Fax No.: TIN: | | KDN SALES CORPORATION | | | P.O. No. : | 2024-11-093 | | |
|--|---|-----------------------------------|---|--|--|--|---|--|
| | | 346 Ca | gayan Valle | y Road Guiguinto, Bulacan | Date : P.R. No. | | 7 November 2024 24-09089 | |
| | | (044) 482-9614 601-862-372-000 | | | Date : | 4 September 2024 Shopping B (Sec. 52.1.b) | | |
| | | | | | Mode of Procurement: | | | |
| | | | | | | | | |
| 3 Sir | / Ma'am: Please fun | nish this (| Office the fo | llowing articles subject to the terms | s and conditions contained herei | 1: | | |
| Item No. | Stock No. | Qty. | Unit | Description | | Co | Cost | |
| 1 | | 40 Piece | | Certificate Frame A4,Black PVC Glass | | Unit 140.00 | Total P 5,600,00 | |
| | | ***************** | | ***Nothing Follows*** | | | | |
| | *************************************** | | | | | | *************************************** | |
| | | | | | | | ••••••••••••••••••••••••••••••••••••••• | |
| | | | ***************** | | | | | |
| | | | ********************** | | *************************************** | | *************************************** | |
| · | ****************** | | | | | | *************************************** | |
| | | | *************************************** | *************************************** | | ***************************** | ************************************** | |
| | | | ******************* | | | | | |
| | | | *************************************** | | | | | |
| | | | *************** | | | | | |
| Amount in Words: FIVE THOUSAND SIX HUNDRED PESOS ONLY | | | | | Total *Subject to applicable taxes Total | | P 5,600.00 | |
| 4 | | | | | | | 0,000.00 | |
| | Delivery: | CIAP Ma | kati Office | Payment Term: Check Paym | nent (Landbank); 30 calendar days a | fter complete delivery | | |
| Date of | Delivery. | | | | ☐ Deliver within - calendar days fro | | oplier | |
| 5 Pena | alty Provision | : | | | · | | | |
| In ca delay sl | se of failure that be impos | to make the | ne full delivere | ery within the time specified above ditem/s. | a penalty of one-tenth (1/10) of | one percent (1%) for | every day of | |
| Conform | ne: | / | PATRICE | | Very truly yours, | 1.02 | | |
| | Authoriz | | er Signatur | | | IAR USIGAN | | |
| Authorized Supplier Signature over Printed Name 11/08/2024 | | | | | Ekecuti | ve Dir dor, CMM | | |
| | | | Date | | | Date | | |
| Fund C | lucter | | | | | v | | |
| | Available: | | | | ORS/BURS No. : Date of the ORS/BURS: | | | |
| | | • | Chief | Accountant/Head of Accounting Division/Unit | Amount : | | | |