



Construction Industry Authority of the Philippines  
**PURCHASE ORDER**

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

<p>1</p> <p>Supplier/Provider : <b>AGILE TECHFRONTIER CORPORATION</b></p> <p>Address: 126 Pioneer Street, Mandaluyong City</p> <p>Tel. / Fax No.: +63 9668241701</p> <p>TIN: 774-133-717-00000</p>	<p>2</p> <p>P.O. No. : 2024-11-089</p> <p>Date : 7 November 2024</p> <p>P.R. No. 24-10109</p> <p>Date : 15 October 2024</p> <p>Mode of Procurement: Shopping B (Sec. 52.1.b)</p>
--	--

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		1	Unit	Sony Alpha a6400 Mirrorless Camera with 16-50mm Lens Kit Inclusion(s): Sony Alpha a6400 Mirrorless Digital Camera E PZ 16-50mm f/3.5-5.6 OSS Lens SD Card 200MB/S   SD CARD Front Lens Cap Sony NP-FW50 Lithium-Ion Rechargeable Battery (1020mAh) Sony AC Adapter Micro-USB Cable Shoulder Strap Tripod ***Nothing Follows***	₱ 64,399.00	₱ 64,399.00

<p>Amount in Words:</p> <p><b>SIXTY FOUR THOUSAND THREE HUNDRED NINETY NINE PESOS ONLY</b></p>	<p>Total <span style="float: right;">₱ 64,399.00</span></p> <p>*Subject to applicable taxes</p> <p>Total <span style="float: right;">₱ 64,399.00</span></p>
--	---

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 15 calendar days from receipt of PO 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: \_\_\_\_\_  
*Tony Sharon Sumampay*  
Authorized Supplier Signature over Printed Name  
Date: 11-08-24

Very truly yours,  
\_\_\_\_\_  
ATTY. HERBERT D.G. MATIENZO  
Executive Director, PCAB  
Date: 07 NOV 2024

6

Fund Cluster: \_\_\_\_\_  
Funds Available: \_\_\_\_\_  
Chief Accountant/Head of Accounting Division/Unit

ORS/BURS No. : \_\_\_\_\_  
Date of the ORS/BURS: \_\_\_\_\_  
Amount : \_\_\_\_\_