



Construction Industry Authority of the Philippines
PURCHASE ORDER

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

<p>1 Supplier/Provider : AGILE TECHNOLOGIES CORPORATION Address: <u>Altitude, Spart PH, Pioneer Street, Buayang Bato, Mandaluyong</u> Tel. / Fax No.: <u>09513754662</u> TIN: <u>774-133-717-00000</u></p>	<p>2 P.O. No. : <u>2024-12-134</u> Date : <u>13 December 2024</u> P.R. No. : <u>24-11134</u> Date : <u>27 November 2024</u> Mode of Procurement: <u>Shopping B (Sec. 52.1.b)</u></p>
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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	GoPro HERO12 Black Action Camera Black Action Camera Creator Edition Lezar 64GB SD Card INCLUSION HERO12 Black Camera Carrying Case Enduro Battery Curved Adhesive Mount Mounting Buckle + Thumb Screw USB-C Cable Volta (Battery Grip/ Tripod/ Remote) USB Pass- Through door Thumb Screw USB-C Cable Lanyard Media Mod Removable Windscreen Vertical Mounting Buckle Thumb Screw Light Mod Light Diffuser 2-Finger Adapter	P 35,330.00	P 35,330.00
2		1	Piece	Disk Extreme Pro microSDXC, SQXCD 256GB ***Nothing Follows***	P 1,660.00	P 1,660.00

<p>Amount in Words: THIRTY SIX THOUSAND NINE HUNDRED NINETY PESOS ONLY</p>	<p>Total P 36,990.00 *Subject to applicable taxes Total <u>P 36,990.00</u></p>
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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

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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: *Honey Sharon Sumampang* *Very truly yours,* *Doris U. Gacho*
Authorized Supplier Signature over Printed Name Executive Director, PODCB
1-10-25 _____
Date Date

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