

C...struction Industry Authority of the Philip, ...es PURCHASE ORDER

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

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Supplier/Provider:		NUNTIUS ELECTRONICS INC			P.O. No. :										
Address:		Unit 205 2/F Cityland 8, 98 Sen, Gil Puvat Ave. Pio.			2025-01-001										
		Del Pilar, Makati City			P.R. No.	14 January 2025									
Tel. / Fax No.: TIN:		09209440501 612-130-415-00000			P.R. No. Date : Mode of Procurement:	24-11134 14 January 2025 Shopping B (Sec. 52.1.b)									
								3	The same of the sa						
								Sir	/ Ma'am: Please furr	nish this C	Office the fol	lowing articles subject to the terms	and conditions contained herein:		
Item No.	Stock No.	Qty.	Unit				Cost								
No.				Description		Unit	Total								
1		1	Unit	Lenovo Thinkbook 14inch i7-13700H Includes: Wireless Mouse Laptop Bag (Backpack) USB C Hub 3 meter HDMI cord Microsoft Home and Student 2021 1 Year Warranty on parts and Service		₹ 71,500.00									
2	1 License Windws 11 Pro - 64 Bit with Product Key Copy				P 16,000.00	P 16,000.00									
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Amount in Words:															
E11							87,500.00								
CIGHTY SEVEN THO			IAND FIVE	HUNDRED PESOS ONLY	*Subject to applicable taxes	_									
		***************************************			Total		₽ 87,500.00								
4															
Place of D	leliver :			See	The second secon										
Date of De	elivery:		nti City	Delivery term: [] Pick-Up [ayment, 30 calendar days after comp Deliver within 15 calendar days fro	m receipt of PO by st	upplier								
In case delay sha	of failure to Ill be imposed	make the	full delivery	within the time specified above, a item/s.	penalty of one-tenth (1/10) of ghe	percent (1%) for e	very day of								
Conforme: 1-20-2021 Very truly yours,															
RAIDZA X. CAMBRON															
Authorized Supplier Signature over Printed Name					ATTY, HERBERT DG. MATIENZO										
					Acling Execu	tive Director, CIAP									
Date					,	Date									
und Clu	ster:				OBS/BUBS No.										
unds Av	ailable:		***************************************	and the first of the second of	ORS/BURS No. : Date of the ORS/BURS:										
		-	Chief A	ccountant/Head of Accounting	Amount:										
				Division/Unit											