



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

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

<b>1</b> Supplier/Provider : <b>JESIKARENY OFFICE AND SCHOOL SUPPLIES TRADING</b> Address: <b>310 Burgos St., Libid, Binangonan, Rizal</b> Tel. / Fax No.: <b>09676134821</b> TIN: <b>753-711-970-000</b>	<b>2</b> P.O. No. : <b>2025-02-004</b> Date : <b>4 February 2025</b> P.R. No. <b>25-01006</b> Date : <b>4 February 2025</b> Mode of Procurement: <b>Shopping B (Sec. 52.1.b)</b>
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**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		28	Piece	Air Freshner	P 343.00	P 9,604.00
2		14	Box	Brake Bulb	P 1,246.00	P 17,444.00
3		7	Box	Park Light	P 1,243.00	P 8,701.00
4		7	Set	First Aid Kit	P 480.00	P 3,360.00
5		7	Piece	Flash Light	P 545.00	P 3,815.00
6		7	Set	Tool Kit	P 2,540.00	P 17,780.00
7		7	Piece	Umbrella	P 680.00	P 4,760.00
8		14	Liter	Coolant	P 540.00	P 7,560.00
9		14	Set	Wiper	P 443.00	P 6,202.00
10		21	Liter	Car Shampoo	P 290.00	P 6,090.00
11		21	Piece	Car Shanois Cloth	P 240.00	P 5,040.00
12		21	Liter	Tire Black	P 245.00	P 5,145.00
13		20	Pack	Microfiber Cloth	P 263.00	P 5,260.00
14		14	Piece	Car Dust Mop	P 310.00	P 4,340.00
15		7	Piece	Fire Extinguisher	P 892.00	P 6,244.00
***Nothing Follows***						

Amount in Words: <b>ONE HUNDRED ELEVEN THOUSAND THREE HUNDRED FORTY FIVE PESOS ONLY</b>	Total <b>P 111,345.00</b> *Subject to applicable taxes Total <b>P 111,345.00</b>
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**4**

Place of Delivery: Makati City      Payment Term:  Check/ADA Payment; 30 calendar days after complete delivery and acceptance  
 Date of Delivery: \_\_\_\_\_      Delivery Term:  Pick-Up     Deliver within 30 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: \_\_\_\_\_ *Jennylyn D. Villanueva*  
 Authorized Supplier Signature over Printed Name  
 \_\_\_\_\_  
 Date **2/19/25**

Very truly yours,  
 \_\_\_\_\_  
**ATTY. HERBERT D.G. MATIENZO**  
 Executive Director, PCAB  
 \_\_\_\_\_  
 Date **04 FEB 2025**

**6**

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

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