



PURCHASE ORDER

CIAP-F-PrM-02

Rev. No.: 00

<div style="border: 1px solid black; padding: 5px;"><div style="border-bottom: 1px solid black; margin-bottom: 5px;">Supplier/Provider : CL SIA TRADING</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">Address: 23 Hungary St. Parañaque City</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">Tel. / Fax No.: 0917-589-0727</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">TIN: 211-517-441-0000</div></div>				<div style="border: 1px solid black; padding: 5px;"><div style="border-bottom: 1px solid black; margin-bottom: 5px;">P.O. No. : 2025-06-061</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">Date : 5 June 2025</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">P.R. No. 25-03038, 25-03047</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">Date : 17 Mar 2025, 24 Mar 2025</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">Mode of Procurement: Shopping B (Sec. 52.1.b)</div></div>			
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		6	Unit	<div style="font-size: small;">DOWELL RAP-100</div> <div style="font-size: x-small;">•High CADR 800m3/h</div> <div style="font-size: x-small;">•Area Coverage up to 100m2 room area</div> <div style="font-size: x-small;">•Particulate matter sensor (PM2.5 airborne particles)</div> <div style="font-size: x-small;">•3 modes (Auto, Turbo, Sleep)</div> <div style="font-size: x-small;">•3-Speed settings (Low, Medium, High)</div> <div style="font-size: x-small;">•Turbo function to filter smoke</div> <div style="font-size: x-small;">•Super quiet operation</div> <div style="font-size: x-small;">•Change filter indicator</div> <div style="font-size: x-small;">•4-color coded air quality indicator</div> <div style="font-size: x-small;">•Double air ducts (for higher volume airflow)</div> <div style="font-size: x-small;">•High negative ions concentration</div> <div style="font-size: x-small;">•Child lock</div> <div style="font-size: x-small;">•85 watts</div> <div style="font-size: x-small;">•LXWXH: 40 X 40 X 66.5cm</div> <div style="font-size: x-small;">•Double-sided multi stage filtration & Ionizer</div> <div style="font-size: x-small;">•pre-filter, composite filter structure, activated carbon filter, Hepa 13 filter</div> <div style="font-size: x-small;">*** See attached Technical Specification of the requirements and schedules</div> <div style="font-size: x-small;">***Nothing Follows***</div>	P 35,000.00	P 210,000.00	
Amount in Words: TWO HUNDRED TEN THOUSAND PESOS ONLY					Total P 210,000.00 *Subject to applicable taxes Total P 210,000.00		
4 Place of Delivery: <u>Makati City</u> Payment Term: <input type="checkbox"/> Check/ADA Payment; 30 calendar days after complete delivery and acceptance Date of Delivery: <u>-</u> Delivery Term: <input type="checkbox"/> Pick-Up <input type="checkbox"/> Deliver within 30 from receipt of this PO by the 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: <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"><div style="text-align: center;"> GOLDEN GRACE D. MANZANO Authorized Supplier Signature over Printed Name <u>06/05/25</u> Date</div><div style="text-align: center;"><div style="border: 1px solid black; border-radius: 50%; width: 150px; height: 100px; margin: 0 auto; position: relative;"><div style="position: absolute; top: -20px; left: 50%; transform: translateX(-50%);">Very truly yours,</div></div><div style="margin-top: 10px;">ATTY. JEROME A. MATAS Executive Director, CIAC <u>05-Jun-25</u> Date</div></div></div>							
6 Fund Cluster: _____ Funds Available: _____ <div style="text-align: center; margin-top: 10px;">_____ Chief Accountant/Head of Accounting Division/Unit</div>					ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____		