

## Cons tion Industry Authority of the Philippi PURCHASE ORDER

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

1					2					
Supplie	er/Provider :						E 00 055			
		BUSINESS MACHINE CORPORATION			P.O. No. :	_	2025-06-055			
Address:				8 Orense St. Guadalupe, Nuevo	Date:		5 June 2025			
		Makati			P.R. No.	5-05050,25-05051 6 Jan 2025, 31 Mar 2025				
Tel. / Fax No.:		8882-3355 loc 144/7738-7773			01					
TIN:		000-302-982-0000			Mode of Procurement:	Shopping D (Geo. 02.1.0)				
3										
Sir / Ma'am:										
Please furnish this Office the following articles subject to the terms					ns and conditions contained hereir	and conditions contained herein.				
Item	Stock No.	Qty.	Unit	Desc	cription	-	Unit		Total	
No.			Di	EPSON L14150 Maintenance Box			430.00	P	4,300.00	
1		10	Piece	EPSON Ink Tri Color 290		P	685.00	P	6,850.00	
2	<b></b>	10	Piece	***Nothing Follows***					***************************************	
	<b>.</b>		<del> </del>	Nothing Follows				·		
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••••			1							
	·									
				•	Total			P	11,150.00	
Amount in Words:				*Subject to applicable taxes						
E	ELEVEN THOUSAND ONE HUNDRED FIFTY PESOS ONLY							-	11,150.00	
					Total				11,150.00	
4										
Place of Delivery: Makati City Payment Term: Check/ADA Payment; 30 calendar days after complete delivery and acceptance										
	(D.			Delivery Term: Pick-Up	Deliver within 15 from receip	Deliver within 15 from receipt of this PO by the Supplier				
Date of Delivery: Delivery Term: LI Pick-Up Deliver within 15 from receipt of this PO by the Supplier										
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.										
Confo	rme:				Very truly yours,	m				
		V	nythi	ture over Printed Name	ATTY, HERBERT D.G. MATIENZO					
	Authoriz	zed Supp	lier Signat	ture over Printed Name	Execut	tive Direc	tor, PCAB			
1			11/12	Lives	1	U	5-Jun-25			
1			Date				Date	_		
1			Pulo	•						
6										
	Cluster				ORS/BURS No. :					
Fund Cluster: Funds Available:					Date of the ORS/BURS:	•				
"	- ATUINDIO				Amount :					
1			Chi	ef Accountant/Head of Accounting	1					
1				Division/Unit						