

## Co. Juction Industry Authority of the Philippin JOB ORDER

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

| Supplier/Provider :  |   | DSGNMAKT TAILORING SERVICES              |       |   | J.O. No. :                               | 2025-05-049                            |   |  |
|--|---|--|-------|---|--|--|---|--|
| Address:   |   | 1308 Apolinario St. Bangkal, Makati City |       |   | Date :                                   | 20 May 2025<br>25-05065                |   |  |
|  |   |  |       |   | P.R. No.                                 |  |   |  |
| Tel. / Fax No.:  |   | 0977-395-2542                            |       |   | Date :                                   | 24 April 2025                          |   |  |
| TIN:   |   | 276-462-433-0001                         |       |   | Mode of Procurement:                     | NP-Small Value Procurement (Sec. 53.9) |   |  |
|  |   |  |       |   |  |  |   |  |
| Sir / Ma'am: Please furnish this Office the following articles subject to the terms and conditions contained herein:   |   |  |       |   |  |  |   |  |
| Item Stock No.   |   | T  |       | Description   |  | Cost                                   |   |  |
| No.  | Stock No.                               | Qty.                                     | Unit  | -   |  | Unit                                   | Total                                   |  |
|  |   |  |       | Supply and Delivery of Collared Corpor                                | rate Jacket for PDCB                     |  | 1                                       |  |
| 1  | with PDCB logo embroidery               |  |       | Collared with 2 exterior pocket and 1 ir<br>with PDCB logo embroidery |  | P 1,800.00                             | ₱ 180,000.00                            |  |
|  |   |  |       |   | on of the requirements and schedules *** |  |   |  |
|  |   |  | ļ     | ***Nothing Follows***   |  |  |   |  |
|  | *************************************** |  | ·     |   |  |  | *************************************** |  |
|  |   |  |       |   |  |  |   |  |
|  |   |  |       |   |  |  |   |  |
|  |   |  |       |   |  |  |   |  |
|  |   |  |       |   |  |  |   |  |
|  | *************************************** |  |       |   |  |  |   |  |
|  |   |  |       |   |  |  |   |  |
|  |   |  |       |   |  |  |   |  |
|  |   |  |       |   |  |  |   |  |
| Amount in Words:   |   |  |       |   | Total                                    |  | P 180,000.00                            |  |
| ONE HUNDRED EIGHTY THOUSAND PESOS ON   |   |  | нтү т | HOUSAND PESOS ONLY  | *Subject to applicable taxes             |  |   |  |
|  |   |  |       |   | Total                                    |  | P 180,000.00                            |  |
|  |   |  |       |   |  |  |   |  |
| 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 As required in the Tech Specs from receipt of this JO.   |   |  |       |   |  |  |   |  |
|  |   |  |       |   |  |  |   |  |
| 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. |   |  |       |   |  |  |   |  |
| Conforms: Very truly yours   |   |  |       |   |  |  |   |  |
| NOW 1/200  |   |  |       |   |  |  |   |  |
| Authorized Supplier Signature over Printed Name  DORIS U. GACHO  Executive Director, PODCB   |   |  |       |   |  |  |   |  |
|  | n, seminesteera                         | 116                                      | JUNZA | ic)   | Executive Directo                        | 20-May-25                              |   |  |
|  |   |  | Date  | <del>-</del> L  |  | Date                                   | ->                                      |  |
|  |   |  |       |   |  |  |   |  |
| 6<br>Fund  | Cluster:                                |  |       |   | ORS/BURS No. :                           |  |   |  |
| 10.00  | s Available:                            |  |       |   | Date of the ORS/BURS:                    |  |   |  |
|  |   |  |       | hief Accountant/Head of Accounting                                    | Amount :                                 |  |   |  |
|  |   |  | U     | Division/Unit   | '  |  |   |  |