



Construction Industry Authority of the Philippines

**PURCHASE ORDER**

CIAP-F-PrM-02  
Rev No 00

<p>1 Supplier/Provider: <u>TRICOM DYNAMICS INC.</u></p> <p>Address: <u>345 Sen. Gil Puyat Ave., Makati City</u></p> <p>Tel. / Fax No.: <u>8890-6525 to 32 loc 202</u></p> <p>TIN: <u>000-172-851-000</u></p>	<p>2 P.O No.: <u>2025-12-163</u></p> <p>Date: <u>15 December 2025</u></p> <p>P.R No: <u>25-12162</u></p> <p>Date: <u>3 December 2025</u></p> <p>Mode of Procurement: <u>Shopping B (Sec. 52.1.b)</u></p>
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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		1	Unit	TOSHIBA E-STUDIO 3025AC (Color) Multi Function Machine Copy/Print/Scan *** See attached Technical Specification and Product Brochure for complete details****	P 300,524.00	P 300,524.00
2		2	Piece	T-FC425P-K Toner Black	P 7,030.00	P 14,060.00
3		1	Piece	T-FC425P-C Toner Cyan	P 13,472.00	P 13,472.00
4		1	Piece	T-FC425P-M Toner Magenta	P 13,472.00	P 13,472.00
5		1	Piece	T-FC425P-Y Toner Yellow ***Nothing Follows***	P 13,472.00	P 13,472.00

<p>Amount in Words: <u>THREE HUNDRED FIFTY FIVE THOUSAND PESOS ONLY</u></p>	<p>Total <u>P 355,000.00</u></p> <p>*Subject to applicable taxes</p> <p>Total <u>P 355,000.00</u></p>
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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 10 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: TRICOM DYNAMICS INC.

GENIV SIERRA AGANTO  
Authorized Supplier Signature over Printed Name  
12-11-2025  
Date

Very truly yours, DORIS U. GACHO  
Executive Director, PODCB  
15-Dec-25  
Date

<p>6 Fund Cluster: _____ Funds Available: _____  Chief Accountant/Head of Accounting Division/Unit</p>	<p>ORS/BURS No: _____ Date of the ORS/BURS: _____ Amount: _____</p>
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