



**PURCHASE ORDER**  
**PHILIPPINE RETIREMENT AUTHORITY**  
 29/F BDO Towers Valero, (Formerly Citibank Tower),  
 Paseo de Roxas, Makati City

Supplier :	<b>SHROFF INTERNATIONAL TRAVEL CARE, INC.</b>	P.O. No. :	<b>2024 - 10 - 250</b>
Address :	Unit 606, 609 & 610 Civic Prime Bldg., Civic Drive Filinvest Corporate City, Alabang, Muntinlupa City	Date :	<b>October 15, 2024</b>
TIN :	003-944-021-000	Mode of Procurement :	<b>Small Value Procurement</b>

Gentlemen:

Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : <u>29th Flr BDO Towers Valero, Paseo De Roxas, Makati City</u>		Delivery Term : <u>30 WD (upon receipt of PO)</u>			
Date of Delivery : <u>Please refer to Delivery Term</u>		Payment Term : <u>15 WD</u>			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	pax	<b>Purchase of Regular Economy Airfare Tickets for Manila - Cebu - Manila Travel</b>	1	15,500.00	<b>15,500.00</b>
		<i>name of passengers:</i>			
		MADELINE DE VERA			
		<i>flight details:</i>			
		Manila - Cebu via PAL2849			
		October 23, 2024 @ 0830AM - 0955AM			
		Cebu - Manila via PAL2846			
		October 25, 2024 @ 0830AM - 0955AM			
		<i>inclusions:</i>			
		baggage allowance - 20kls			
		travel insurance, travel tax			
		<i>preferred seat: AISLE/Front or EXIT ROW</i>			
		<i>*** nothing follows ***</i>			
					<b>15,500.00</b>

**(Total Amount in Words)**

Fifteen Thousand Five Hundred Pesos Only

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s.

Conforme:

Very truly yours,

**SHEENA SHROFF - DE GUZMAN****ROBERTO Z. ZOZOBRADO**

Signature over Printed Name of Supplier

Signature over Printed Name of Authorized Official

General Manager/HoPE

Date

Designation

**Fund Cluster : Internally Generated Fund**Funds Available : ₱8,700,681.12**REMIGIO P. ABAIGAR**

Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit

ORS/BURS No. : \_\_\_\_\_

Date of the ORS/BURS: \_\_\_\_\_

Amount : \_\_\_\_\_