



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

Supplier :	JITEK TRADING CORPORATION	P.O. No. :	2025 - 02 - 054
Address :	777 Real st. Alabang-Zapote Rd., Las Pinas City	Date :	February 25, 2025
TIN :	010-483-551-000	Mode of Procurement :	<u>Small Value Procurement</u>

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 : 30 CD (upon receipt of PO)			
Date of Delivery : <u>Please refer to Delivery Term</u>		Payment Term : 15 WD			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	pcs	Document Expandable Envelope with Zipper	3,080	127.00	391,160.00
		<i>specifications:</i>			
		Material Non Woven Polypropylene with Zipper			
		Color: Midnight Blue and Ruby Red			
		Size: W-40.5cm X H-28cm			
		Texture: Smooth			
		Print: Direct to Film (DTF) colored faded 60%			
		Logo Love to Live in the Philippines, size L-15cm x H-10cm with 40 yrs logo size L-5cm x H-3cm			
		Others: double stitch, with flexible handle size 30cm x 2cm inside pocket for passport and ballpen 16cm x 11cm			
		PLEASE REFERE TO THE ATTACHED TERMS OF REFERENCE FOR THE DETAILED SPECIFICATIONS			
		*** nothing follows ***			
					391,160.00
(Total Amount in Words)		Three Hundred Ninety-One Thousand One Hundred Sixty 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,

PRISCILLA B. LEUS**ROBERTO Z. ZOZOBRAO**

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 : _____

P 516,360.00

REMEGIO P. ABAIGAR

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

ORS/BURS No. : _____

Date of the ORS/BURS: _____

Amount : _____