

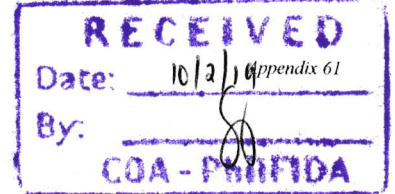
PHILIPPINE FIBER INDUSTRY DEVELOPMENT AUTHORITY

3rd Flr. PhilFIDA PCAF Bldg., Department of Agriculture, Elliptical Road, Diliman, Quezon City
Tel no. 928-8756 local 2652 Tele fax no. 721-9813

PURCHASE ORDER

PHILFIDA

Entity Name



Supplier: CARESYSTEM TECHNOLOGY SOLUTION CO., INC.	P.O No.: 018-2019
Address: BELMAN Bldg. II, 78 Cordillera cor. Quezon Avenue, Quezon City	Date: June 28, 2019
Telephone no.: 300-7268	Mobile no.:
Fax no.: 300-7012	Mode of Procurement: RFQ/Small Value Procurement
TIN:	

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

Place of Delivery: PhilFIDA Office, 3rd Floor. PCAF Bldg., Dep. Of Agriculture., Elliptical Rd. Diliman Q.C. **Delivery Term:** 15 Days

Date of Delivery: **Payment Term:** ADA

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	1	Supply and installation of: 1.0 Hp Split Type Inverter Aircon which includes: 45 ft Copper Tubing Insulation Electrical Wire from Indoor Unit to Outdoor Unit Bracket 10 Ampere Circuit Breaker Technical Specifications: Active Energy Control Dual Inverter Compressor Auto Operation (Artificial Intelligence) Fast Cooling Anti-bacteria Air Filter Auto Clean Sleep Mode Saves Energy 220-240V/50-60HZ Cooling Capacity: Min. 8.530 BTU/hr Warranty: - one (1) year warranty on service and parts - five (5) years on compressor	Unit	51,745.00	51,745.00
				TOTAL	51,745.00

(Total Amount in Words) FIFTY ONE THOUSAND SEVEN HUNDRED FORTY FIVE PESOS

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 underlined item/s.

Conforme:

REXGIE B. ANCEPO
 Signature over Printed Name of Supplier
09-23-19
 Date

Very truly yours,

KENNEDY T. COSTALES
 Signature over Printed Name of Authorized Official
 Executive Director III
 Designation

Fund Cluster:	ORS/BURS No.: <u>19-07-0870</u> Date of the ORS/BURS: <u>7/3/19</u> Amount: <u>51,745.00</u>
Fund Available:	
 <u>HONESTOC. TABUZO, JR</u> Signature over Printed Name of Chief Accountant/ Head of Accounting Division/Unit	