



Kaagapay ng Komunidad sa Maginhawang Pamumuhay



PURCHASE ORDER

Supplier: <u>Telecure Corporation</u>	P.O. No.: <u>2024-02-025</u>
Address: <u>1-C GF RM 101 Square Ramon Magsaysay Blvd. cor D. Ampil St. Santa Mesa Manila</u>	Date: <u>02/15/2024</u>
TIN: <u>010-589-000-0000</u>	P.R. No.: <u>2024-01-035</u>
Mode of Procurement: <u>Negotiated Procurement</u>	Date: <u>01/09/2024</u>

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

Place of Delivery: <u>MAKATI CITY</u>	Delivery Term: <u>FOB Destination</u>
Date of Delivery: <u>WITHIN 3 TO 5 WORKING DAYS UPON RECEIPT OF PO</u>	Payment Term: <u>15 working days upon complete delivery</u>

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
A-001-976	pc	antigen test kit-RAPID ANTIGEN TEST KIT  Sensitivity: atleast 95-97% Accuracy: atleast 95-100% Specificity: atleast 95-97% Sample type: nasal swab Test speed: 10-15 mins.  Funded by: BUR # M-241-0208 Dated: 02/19/2024	2,000	34.84	69,684.00

Total Amount in Words: **SIXTY NINE THOUSAND SIX HUNDRED EIGHTY FOUR AND 00/100 ONLY** **69,684.00**

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. Note: This is to approve the BAC recommendation (BAC Reso No. 028, S. 2024) for the use of Alternative Mode of Procurement under sec. 53, 53.9 of IRR of RA9184 and award of contract to above mentioned supplier.

Conforme: \_\_\_\_\_ Very truly yours,  
 \_\_\_\_\_ ATTY. TRISTAN FREDERICK L. TRESVALLES  
 Signature over Printed Name of Supplier Authorized Official  
 \_\_\_\_\_ Date

Funds Available: \_\_\_\_\_  
 \_\_\_\_\_ DANTE M. ANABE  
 Chief Accountant