



Kaagapay ng Komunidad sa Maginhawang Pamumuhay

**PURCHASE ORDER**

Supplier: Therapure Water Refilling Station	P.O. No.: 2024-05-084
Address: UNIT G08 ASIAN MANSION II 107 DELA ROSA CORNER NIEVA ST. LEGASPI VILLAGAE MAKATI CITY	Date: 05/06/2024
TIN: 906-085-773-0000	P.R. No.: 2024-03-265
Mode of Procurement: Negotiated Procurement	Date: 03/07/2024

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

Place of Delivery: 8737 BDO PLAZA PASEO DE ROXAS MAKATI CITY	Delivery Term: FOB Destination
Date of Delivery: EVERY TUESDAY, THURSDAY, AND SATURDAY. WEEKLY UPON RECEIPT OF APPROVED PO	Payment Term: 15 working days upon receipt of billing

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
A-000-788	Bottle	<p>PURIFIED DRINKING WATER-Purified Drinking Water 5 gal per bottle container with at least 30 units of Hot and Cold Water Dispenser. Uses water filtration technology in a combination of tanuring zone and reverse osmosis to ensure clean, safe and healthy water. Passed on activated carbon absorption refinement and series of micro-filtration. Undergoes closed loop-recirculating ultraviolet irradiation and ozone diffusion.</p> <p>1.8633 bottle per person per month (1.8633 bottle x 500 x 12) x 50% = 5,500.00 (rounded down) Preferred delivery schedule - Tuesday, Thursday &amp; Saturday Minimum of 200 bottles per month Must be within Makati Area 5GAL./BOTTLE</p> <p>Note: * It must have a monthly cleaning of water dispenser units in office (preferably on Saturday)</p>	6,000	40.00	240,000.00

Funded by:  
BUR # M-242-0904  
Dated: 05/06/2024

Total Amount in Words: **TWO HUNDRED FORTY THOUSAND AND 00/100 ONLY** **240,000.00**

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. 098, 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  
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