



PURCHASE ORDER

CLARK INTERNATIONAL AIRPORT CORPORATION

Corporate Office Building., Civil Aviation Complex
Clark Freeport Zone, Pampanga, Philippines 2023



Management System
ISO 9001:2015

www.tuv.com
ID 9105058005



Supplier: GAMMA LINE ENTERPRISES
Address: Cubao, Quezon City
TIN: _____

P.O. No. 20700
Date: 9-Jul-24
Mode of Procurement: Small Value

Gentlemen: Please furnish this office the following articles subject to the terms and condition contained herein:

Place of Delivery: CLARK INTERNATIONAL AIRPORT CORP.
Date of Delivery: BURN / thru tel. no. 599-2888 loc. 705
Pls. notify _____ / thru tel. no. _____

Delivery Term: 10 days
Payment Term: 30 days
RIS No.: AD24-06-011

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
1	pcs	SUPPLY AND DELIVERY OF OFFICE CHAIRS: Conference Chair - BLACK (Model: GLE-SE1028) *Midback Mesh Chair with Head Rest *Fixed Armrest *Synchronized Single Locking Mechanism *Twin Caster	25	3,700.00	92,500.00
2	pcs	Staff/Clerical Chair - BLACK (Model: GLE-JE02) *Midback Mesh Chair *Single Locking Mechanism *Double Twin Caster	70	2,800.00	196,000.00
3	pcs	Executive High Back Chair - BLACK (Model:GLE -SE628B) *High Back and Fixed Armrest *Synchronized Single Locking Mechanism *Double Twin Caster	10	8,200.00	82,000.00
4	pcs	Executive Mid Back Chair - BLACK (Model: GLE-SE210) *Jr. Executive Mid Back *Fixed Armrest Polypropylene Finish *Synchronized Single Locking Mechanism *Steel StarBase w/ Double Twin Caster *Leatherette Upholstery ***Nothing Follows***	10	5,640.00	56,400.00
**VAT Inclusive					

(Total Amount in Words) Four Hundred Twenty Six Thousand Nine Hundred Pesos Only 426,900.00

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.

Conforme: Maureen Lou V. Legaspi
Signature over Printed Name of Supplier
July 15, 2024
Date

426,900.00
CIAC
TREASURY DEPT.
FUNDS
AVAILABLE

ATTY. CYNTHIA C. DUNGCA
Authorized Official
PD Control # 24-06-019

Funds Available _____ ALOBS No.: _____
Chief Accountant _____ Amount: _____