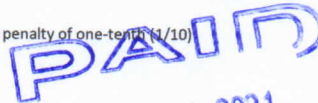
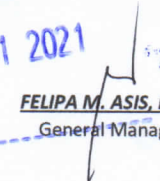


Republic of the Philippines
BAYUGAN WATER DISTRICT
 Bayugan City
 Telefax: (085) 343-6383, 231-3140
 Email add: bayugan_wd83@yahoo.com.ph

PURCHASE ORDER

Supplier: <u>IVANKA TRADING</u>		P.O. No: <u>2021-04-107</u>			
Address: <u>LAS PIÑAS CITY</u>		Date: <u>4/29/2021</u>			
Tel./Fax No. _____		Mode of Procurement: <u>Sec. 53.9 Small Value Procurement</u>			
TIN: _____					
Gentlemen :					
Please furnish this office the following articles subject to the terms and conditions contained herein:					
Place of Delivery: <u>BAYUGAN WATER DISTRICT</u>		Delivery Term: <u>(30) Calendar Days</u>			
Date of Delivery: _____		Payment Term: <u>(30) Calendar Days</u>			
Stock #	QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
1	5	rolls	warming tape 300m/roll	3,955.00	19,775.00
2	1	pc	6"ø x 3"ø C.I. Reducer M/M	6,245.00	6,245.00
3	1	pc	3"ø x 2"ø C.I. Reducer M/M	3,291.00	3,291.00
4	1	pc	3"ø C.I. Gate Valve M/M	11,568.00	11,568.00
5	1	pc	2"ø C.I. Gate Valve M/M	7,239.00	7,239.00
6	2	pcs	2"ø G.I. Elbow S-40	248.00	496.00
7	1	pc	2"ø G.I. End Cap S-40	162.00	162.00
8	2	pcs	2"ø x .30m G.I. Nipple S-40	460.00	920.00
9	1	pcs	2"ø x 1.0m G.I. Nipple S-40	1,533.00	1,533.00
10	2	pcs	Valve Box Cover	1,413.00	2,826.00
11	3	pcs	Pressure Gauge Oil Base 100 PSI	4,414.00	13,242.00
12	2	pcs	1"ø Air Release Valve	1,392.00	2,784.00
13	1	pc	1"ø x 3"ø saddle clamp	604.00	604.00
14	2	pcs	1"ø x 2"ø saddle clamp	389.00	778.00
15	6	pcs	1"ø x 12" G.I. Nipple S-40	234.00	1,404.00
16	4	pcs	1"ø x 4"ø G.I. Nipple S-40	87.00	348.00
17	2	pcs	1"ø x ¼ G.I. Boshing reducer S-40	52.00	104.00
18	10	rolls	Teflon tape ¾"	31.00	310.00
19	2	pcs	1"ø G.I. Tee S-40	108.00	540.00
*** Nothing Follows ***					
(Total amount in words) SEVENTY FOUR THOUSAND ONE HUNDRED SIXTY NINE PESOS ONLY				74,169.00	
<p>In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one (1) percent for every day of delay shall be imposed.</p> <p style="text-align: center;">  Very truly yours,  FELIPA M. ASIS, MPA General Manager </p> <p>Conforme: _____</p> <p>Signature Over Printed Name of Supplier _____</p> <p>Date _____</p>					
Funds Available: ROBELYN T. LADARAN AFD- Manager			OR/BUR No. _____ Amount: _____		