

## Republic of the Philippines ZAMBOANGA CITY WATER DISTRICT Zamboanga City

## PURCHASE ORDER (PO)

Supplier	: AMJ CONSUMER GOODS TRADING : Don Alfaro St., Tetuan, Zamboanga City				P.O. No.	:15059	
Address					Date	: March 27, 2025	
Email address					Mode of Procurement		
Telephone No. TIN		09177110200				: Negotiated Procurement	
					•	-	nall Value)
Gentlemen/Ladies				**********			
Please furnish this	Office th	e following articles subject to the terms and conditions contained herein.					
Place of Delivery	<del></del>	Property Section, ZCWD Motorpool, Pasonanca, Z.C.			Delivery Term	. ,	?-Week
Date of Delivery	:	Troperty Section, 2000 Motorpool, 1 asonanda, 2.0.			Payment Term		-vveek
1							*
STOCK NO.	ITEM#		QTY.	UOM	UNIT COST	A	MOUNT
Imlen	1	PVC Identification Card, 250 pcs/box	5	Boxes	Php 1,465.00	Php	7,325.00
10404010	XXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	XXXX		Name of the state	and an artist of the second	
8	***************************************	( Details Attached )					
		Purpose: For ZCWD employees' use.			kyaminyjinyo.		
					Aprimalogicus	A SERVICE AND A	
		Note: Delivery of Items/Units must be accompanied with Original Copy			tini erenayee		
		of P.O., Charge Invoice or Credit Invoice for reference.			OCT-Friends	- Control of the Cont	
		Note: Warranty Period: 3 months for Expendable supplies after			DAWKKA		
		acceptance by the procuring entity.			HATTER AND THE STATE OF THE STA	The state of the s	
					mcSkyttisken	-	
		Price Validity: 120 CD			SA PER SA	-	
		Payment Terms: No COD			Transporting		
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					National Property and Control of	A STATE OF THE STA	
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					Minimum of the lands of the lan		
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Total Amount in V	Vords	SEVEN THOUSAND THREE HUNDRED TWENTY FIVE P	ESOS		<u> </u>	Php	7,325.00
		the full delivery within the time specified above, a penalty of one-tenth					
(1/10) of one (1%)	percent for	r every day of delay shall be imposed.				A	,
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Conforme		Dooks					
Comornio	•	ROCALE P. ESTORCO					
		Signature over Printed name of Supplier					
		\$-02-X					
		Date					
					IN OPC NO		.1
Funds Available	;				ALOBS No. Amount		1
		FRITZP: MAINAR			P.R. No.	2	5-0014
		OIS AFMD	-		Date of PR		ary 07, 202
This form should	d be prepa	red in 5 copies. Copy 1 - Original to be attached to Voucher for payment; Copy 2	- Accoun	ting Section	on;	-	3
		Users; Copy 5 - File.					