

**PURCHASE ORDER**  
**PHILIPPINE STATISTICS AUTHORITY**  
**Gaisano Capital South Bldg., Colon St., Cebu City**

Supplier: <b>THE FIRST FAMILY APPLIANCE CIRCLE CORP</b>	P.O. No. : <b>0700-PO2023-12-204</b>
Address: <b>:193 OSMEÑA BLVD, KALUBIHAN, CEBU CITY</b>	Date : <b>21 December 2023</b>
TIN: <b>234858579000</b>	Mode of Procurement : <b>SMALL VALUE PROCUREMENT</b>

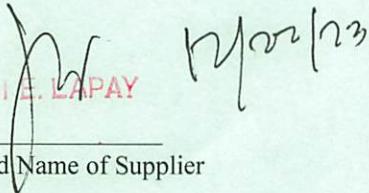
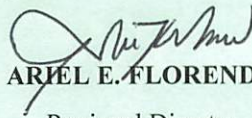

Gentlemen:

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

Place of Delivery: <b>RSSO VII, Gaisano Capital South Bldg, Colon St. Cebu City</b>	Delivery Term : <b>Full Delivery</b>
Date of Delivery: <b>3 days from the receipt of PO</b>	Payment Term : <b>Within 15-30 working days after the receipt of the billing statement</b>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
		<b>PROCUREMENT OF EQUIPMENT FOR CBMS OPERATIONS</b>	1		142,590.00
		<b>Lot 1 - Procurement of Air Conditioner Floor Mounted Inverter and Air Conditioning Unit Split Type/Wall Mounted</b>			
1.1	unit	<b>Air Conditioning Floor Mounted Inverter</b>	1	93,995.00	
		- Cooling Capacity: 3 tonners, Power Consumption: 3100 Watts, 1 Year Warranty on parts, services, and compressor			
		Brand: Koppel Super Inverter, Model no. KV360DU-ARF21C			
1.2	unit	<b>Air Conditioning Unit Split Type/Wall Mounted</b>	1	48,595.00	
		2.5 HP, Dual Inverter Compressor, 70% Energy Saving, Fast Cooling, 4 Way Swing, Auto Clean, Wi-Fi			
		Brand: Koppel Super Inverter, Model no. KV36FM-ARF21D			
		Other Requirements:			
		Price quotation/s validity: Must be valid for a period of thirty (30) calendar days from the date of submission.			



	PR# 0700-2023-12-110 (RSSO-SOCD)		
Amount in Words:	ONE HUNDRED FOURTY-TWO THOUSAND FIVE HUNDRED NINETY PESOS	142,590.00	
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 on the undelivered item/s.			
Conforme:	 <b>MARIBET E. LAPAY</b> Signature over Printed Name of Supplier Date _____	Very truly yours,  <b>ARIEL E. FLORENDO</b> Regional Director Date _____	
Fund Cluster : $\sqrt{}$ 01-Regular Fund // 07-Trust Fund Funds Available : _____	 <b>ISABEL H. SATO</b> Accountant	ORS/BURS No. : 02-101101-2023-12-1047 Date of the ORS/BURS: _____ _____ P	