



**PURCHASE ORDER**

Bureau of Jail Management and Penology - National Headquarters  
**Entity Name**

Supplier : INFINUS CORPORATION	P.O. No. : 2021-05-011
Address : 30 ITC Compound Saint Dominic St. Canumay East Valenzuela City	Date : May 11, 2021
TIN : 009-947-001-000	Mode of Procurement : 53.9 Nego - SVP

Gentlemen:

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

Place of Delivery : BJMP-NHQ, 144 Mindanao Ave., Project 8, Quezon City	Project Duration : 14 CD upon the receipt of PO
Date of Delivery :	Payment Term :

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	Unit	<b>Thermal Binding Machine</b> Binding Capacity: Can Bind up to 340 sheets or better With automatic crimping compartment With cooling compartment Certification: CE Certified	1	53,550.00	53,550.00
	box	<b>Consumables:</b>			
	box	Hard Cover up to 80 sheets (black)	1	1,496.00	1,496.00
	box	Hard Cover up to 120 sheets	2	1,521.50	3,043.00
	box	Hard Cover up to 220 sheets	1	1,598.00	1,598.00
	box	Hard Cover up to 340 sheets	1	1,687.25	1,687.25
	box	Soft Cover up to 40 sheets	2	3,446.75	6,893.50
	box	Soft Cover up to 80 sheets	4	2,987.75	11,951.00
	box	Soft Cover up to 120 sheets	3	2,414.00	7,242.00
	box	Soft Cover up to 220 sheets	2	2,001.75	4,003.50
	box	Soft Cover up to 340 sheets	2	1,088.00	2,176.00

**(Total Amount in Words) Ninety-Three Thousand Six Hundred Forty Pesos and 25/100 Only** **93,640.25**

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:  <i>[Signature]</i> <u>Jesus J. Buen</u> Signature over Printed Name of Supplier  <u>05-21-2021</u> Date	Very truly yours,  <i>[Signature]</i> <b>ALLAN S IRAL, CESE</b> Jail Director Chief, BJMP (Authorized Official)
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Fund Cluster : _____ Funds Available : _____  <i>[Signature]</i> <u>ROMELYN L MEDINA, CPA</u> OIC, Accounting Service Office Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit	ORS/BURS No. : _____ Date of the ORS/BURS: _____
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