

PURCHASE ORDER
DBM - GPPB-TSO
 Entity Name

Supplier : FILCRAFTERS, INC.
 Address : G/F Isometric Bldg. No.484, G.Araneta Ave.
 Brgy. Doña Imelda, Quezon City 1113
 Contact Number: (02) 8242-6254 / 0935-473-8439
 TIN : 008-139-574-000

P.O. No. : PO-AD-2025-044

Date : 02 December 2025

Mode of Procurement : **Section 34 Small Value Procurement of the IRR of RA 12009**

Valued Provider:

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

Place of Delivery :

Government Procurement Policy Board – Technical Support Office (GPPB-TSO) Building, Commonwealth Avenue, UP Diliman Campus, Quezon City

Date of Delivery: please refer to the delivery terms.

Delivery Period :

Within 170 calendar days (CD) from the receipt of Purchase Order

-Work Plan, Lay-out, Platform connection details, and Brochures. 10 calendar days (CD) from the receipt of Purchase Order

-Supply, delivery and Installation

150 CD from the receipt of approved work plan, platform connection details, lay-out and brochures.

-Post installation and testing

10 CD from supply, delivery and installation of auditorium chairs


Payment Term : Payment shall be made in accordance with the schedule of delivery through Land Bank's LDDAP-ADA/Bank Transfer Facility, within fifteen (15) days after receipt of billing and issuance of certificate of acceptance by the end-user. In case of accounts maintained in other bank, bank transfer fees shall be chargeable against the creditor's account

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	Lot	Supply, Delivery, and Installation of Auditorium Chairs	1	₱ 1,315,000.00	₱ 1,315,000.00
	pcs	Auditorium Chairs	135		
		1. Mid Back Chair with High Density Molded Fire-Resistant Foam 2. Upholstered Seat and Back on Contoured shape injected foam on fabric 3. Counterweight mechanism for tip-top seat 4. Integrated writing table 5. 3mm steel base leg in black powder coated finish 6. Color of Fabric (For GPPB-TSO approval) 7. Polished hardwood armrest with wooden backplate design Minimum Dimensions reference in (mm) -allowable dimension variances +/- 10mm			
		Additional Board Platform			
		Provide additional board platform supports to prevent the chair's heel and toe from sinking into the existing elevated wooden flooring Dimension - 3020 MM X 300 MM (allowable dimension variances +/-10%) Thickness - 18mm Materials - marine plywood with flat bar Color - Wood finish Minimum flatbar thickness - 3mm Connection - the platform shall connected to structural framing of the elevated flooring			
		Accessories			
		Include all accessories for installation			
		Warranty Period			
		1. Provide one (1) year warranty for all supplied furniture items covering manufacturing defects and installation issues. 2. Offer post-installation support to address any concern or adjustment needed after installation. 3. Responsible of restoration of damages to property caused by installation.			
		*****nothing follows*****			
(Amount in words)		One Million Three Hundred Fifteen Thousand Pesos			PHP 1,315,000.00


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.

Contract may be terminated, in whole or in part, at anytime for the convenience of the Government upon thirty (30) days' written notice, if determined the existence of conditions make the project implementation economically, financially or technically impractical and/or unnecessary, such as, but not limited to, fortuitous event/s or changes in law, and national government policies.

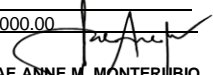
Conforme:


JENELYN U. DAVID
Signature over Printed Name of Supplier
DECEMBER 19, 2025
Date

Very truly yours,


Digitally signed by
Sofia C. Yanto-Abad
SOFIA C. YANTO-ABAD
Signature over Printed Name of Authorized Official
Officer-in Charge / Head of the Procuring Entity
Designation

Fund Cluster : 01
Funds Available : PhP 1,315,000.00


JAE ANNE M. MONTERUBIO
Signature over Printed Name of Accountant III

ORS/BURS No. : _____

Date of the ORS/BURS: _____

Amount : _____