

# PURCHASE ORDER

## CIVIL AVIATION AUTHORITY OF THE PHILIPPINES (CAAP) - AREA XI

Daang Maharlika Highway, Buhangin, Davao City  
Tel # 232-8030 local 3256

Supplier: **JKLE ENTERPRISES**

P. O. No: **PO-2024-01**

Address: Tagum City, Davao del Norte, Philippines

Date: **16 MAY 2024**

TIN: 948-064-289-000

Mode of Procurement: **PUBLIC BIDDING**

PR No. 2024-02-100

**PROJECT TITLE: REPAINTING OF RUNWAY, TAXIWAY AND APRON MARKINGS**

Gentlemen:

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

Place of Delivery: Davao International Airport

Delivery Term: **30 Calendar Days**

Date of Delivery:

Payment Term: Cash on Delivery


QTY	Unit	Description	Unit cost	Amount
1	LOT	<b>REPAINTING OF RUNWAY, TAXIWAY AND APRON MARKINGS</b>		
2,360	gals	Alkyd ReflectORIZED Traffic Paint, White (Boysen)		
519	gals	Alkyd ReflectORIZED Traffic Paint, Yellow (Boysen)		
123	gals	Alkyd ReflectORIZED Traffic Paint, Black (Boysen)		
115	gals	Rubberized Floor Coating, Tile Red (Davies)		
312	gals	Lacquer Thinner (Boysen)		
50	pcs	Paint Roller (cotton), 9" w/ handle (Hippo)		
100	pcs	Paint Roller (cotton), 9" refill (Hippo)		
50	pcs	Paint Roller (cotton), 4" w/ handle (Hippo)		
100	pcs	Paint Roller (cotton), 4" refill (Hippo)		
2	kls	Cotton Waste (for painting)		
/// NOTHING FOLLOWS ///				

Total amount in words	<b>THREE MILLION SIX HUNDRED SIXTY-SIX THOUSAND ONE HUNDRED EIGHTY PESOS ONLY</b>	<b>3,666,180.00</b>
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**NOTE:** You are hereby reminded that you will be given seven (7) calendar days upon receipt of this Purchase Order to report to the Project-in-Charge / End-User to obtain further instructions and/or complete other needed requirements before the start of your delivery.

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one (1%) for every day of delay shall be imposed.

Signed:

  
**REX A. OBCENA** *5/15*  
 Acting Civil Aviation Area Manager  
 Civil Aviation Authority of the Philippines - Area XI

Conforme:

\_\_\_\_\_  
(Signature Over Printed Name of Supplier)

Date:

Fund Cluster: \_\_\_\_\_

Funds Available: \_\_\_\_\_

**MELIZA P. LELIS**

Accountant III *5/15/24*

ORS/BURS No. : \_\_\_\_\_

Date of the ORS/BURS: \_\_\_\_\_

Amount : \_\_\_\_\_