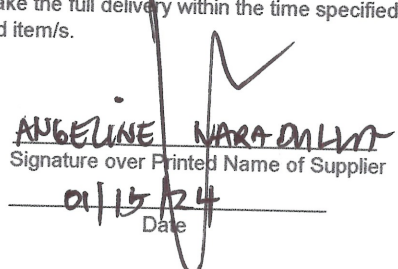
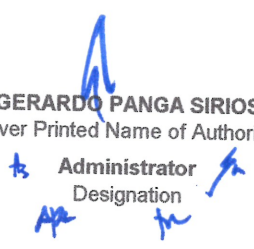


**PURCHASE ORDER**  
**LAND REGISTRATION AUTHORITY**  
 Pursuant to LRA BAC-PGSM Resolution No. 2023-119

<b>3GX COMPUTER &amp; I.T SOLUTIONS TECHNOSHOP</b>		P.O. No. : <b>S-065-12-2023</b>			
Address: Elias Angeles St., Naga City		Date : December 21, 2023			
TIN : _____		Mode of Procurement : Small Value Procurement			
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery : LRA, East Avenue, Quezon City		Delivery Term : <b>Thirty (30)</b> calendar days upon receipt of the Purchase Order and NTP			
Date of Delivery : _____		Payment Term : _____			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	units	<b>Biometric</b>  <u>Technical Specifications:</u> <ul style="list-style-type: none"> <li>• Fingerprint and face recognition</li> <li>• Face &amp; Fingerprint Capacity: 1,500</li> <li>• Record capacity:100,000</li> <li>• TCP/IP, USB-Host</li> <li>• Internet ready</li> <li>• 2.8-inch TFT screen</li> <li>• SMS, DST, Scheduled-bell, Self-Service Query, Automatic Status Switch, T9 Input, Photo ID, Camera, Multi-verification</li> <li>• With RJ45 port for network connectivity</li> <li>• Must be compatible with existing ZKTeco Attendance Management System for centralized biometric connectivity</li> </ul>	60	13,928.00	835,680.00
<b>NOTE:</b> GOODS SUPPLIED AND DELIVERED ARE SUBJECT TO INSPECTION AND ACCEPTANCE. RETURN/EXCHANGE OF NON CONFORMING PRODUCTS APPLIES.					
<b>(Total Amount in Words)</b>		Eight Hundred Thirty-Five Thousand Six Hundred Eighty Pesos .....			<b>835,680.00</b>
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:   Signature over Printed Name of Supplier  _____ Date		Very truly yours,   <b>GERARDO PANGA SIRIOS</b> Signature over Printed Name of Authorized Official  Administrator Designation			
Fund Cluster : _____ Funds Available : _____  <b>JAIRUS M. CABUSI</b> Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit			ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____		