

103

PURCHASE ORDER

DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT

IBP Road, Constitution Hills, Quezon City

Supplier :	RIVE	ERA MASTERCRAFT, INC.	PO No. :		2018-01-0014	
Address:	No. 8	Rivera Building, Maysan Road, Valenzuela City	Date :		January 17, 2018	
Philgeps #: 20-04		0808/ 292-6637/ 292-5576 47530226-7	Mode of Procurement :		Negotiated Procurerment - Small Value \	
Gentleme	n:	ish this office the following articles subject to	o the terms and conditions	s contained	herein:	,
Place of Delivery:		DSWD-Central Office Warehouse	Payment Term:	Advise to Debit Account (ADA)		
Date of Delivery:		Before February 2, 2018	Payment Term:	Fifteen (15) to Thirty (30) days upon receipt of billing statement & complete supporting documents for every conduct of each batch		
Stock / Property No.	Unit	Description		Quantity	I a la l	Amount
	pcs.	PLAQUE for PRAISE and LOYALTY AWARDS Specifications: Size: Height (24cm); top width (3.8cm); base we thickness (3.5cm) Material: thick clear glass Font Color: dark blue, black and red (please see attached sample picture) Proofing stage: 1st: 3 calendar days upon receipt of the P.O. 2nd: 2 calendar days upon receipt of the approper Delivery: before the awards ceremony - Feb. 2 * Contact Person: Ms. Tin Bahillo * Tel. No. : 931-8101 local 100 AOQ NO.: 18-0003 NP-SV PR No. : 2018010020	and design oved design 2, 2018	62	_f 1,200.00	74,400.00
		Page 1 of 1				-
(Total Am	ount in Words		D FOUR HUNDRED PE	SOS ONI	LY) F	74,400.0
one-te damag	enth of one ges reache	to make full delivery within the time specified abordered (0.001) of the cost of the unperformed post ten percent (10%) of the amount of the contract rourses of action and remedies available under	ove, the amount of the liquid ortion for every day of delay t, the Procuring Entity may	dated dama	ges shall be at le	east equal to unt of liquidated
As a c	condition fo gned copy	r payment, the supplier/service provider is require of this P.O. within three (3) days from the date the	ed to submit the duly notari e copy was served through	zed Omnibu facsimile m	s Sworn Statem achine.	ent together wi
Cor	nforme:	una bora em	Very truly your	HY	O R. DE VILLA,	JR.
	Signature o	over printed name of Supplier	Signatur	e over Printe V, Human R	d Name of Autho esource Manage Designation	rized Official
Fund Cl Funds A	Available:	JUBIELEAH MAE S. COLES gnoture over Printed Name of Chief Accountant/ Head of Accounting Division/Unit	ORS/BURS No.: Date of the ORS Amount		JANUA	01.6 -01 -0010 RY 17, 2018 400.00