PURCHASE ORDER

DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT IBP Road, Constitution Hills, Quezon City

#388

Address : Origas Center 1977. Tel. No.: \$25,77876, 631-6547, 6968-3177493 Date : May 3, 2018 Philage at 198412 TN: \$05,005,05541-000 Gendlemen:	Supplier		NDEN SUITES, INC. ,	non Hills, Quezon City	/	11788		
Fig. No. :	Address	: Or	iigas Center	PO No.:	-	2040		
Mode of Procurement: Negotiated Procurement Sease of Venue Sease of Delivery INDER SUITES Payment Term: Advise to Debit Account (ADA)		: 63	2-7878; 631-6547: 0906-3177483	Date:				
Please furnish this office the following articles subject to the terms and conditions contained herein: Payment Term: Advise to Debit Account (ADA) Place of Delivery: Linders surrise Payment Term: Advise to Debit Account (ADA) This payment Term: Advise to Debit Account (ADA) Payment Term: Advise to Debit Account (ADA) This payment Term: Filtree (15) to brink the payment of supporting documents per hutch) Firm and the payment Term: Filtree (15) to brink the payment of supporting documents per hutch) Amount Amount Amount Children And Devolve Decombunity-Based PROGRAMS FOR 60 1,750.00 315,000.0 And RETAINED AND DEVOLVED COMMUNITY-BASED PROGRAMS FOR 60 1,750.00 315,000.0 And RETAINED AND POUTH Debit of the Adviviry: May 8, 2018; 2:00 pm Check-Cut Date and Time: May 11, 2018; 12:00 pm Check-Cut Date and Time: May 8, 2018; 2:00 pm Check-Cut Date and Time: May 11, 2018; 12:00 pm Check-Cut Date and T	. mgcps # 13		9412			May 3, 2018		
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- Accessible electrical outlets (no extra charges) - Free use of three (3) pcs. Microphone with stand, projector & wide screen; - Welcome streamer. AOO No. 18-0449 PRE2016041021 Page 1 of 1 Page 1 of 1 Words) THREE HUNDRED FIFTEEN THOUSAND PESOS ONLY In case of failure to make full delivery within the time specified above, the amount of the liquidated damages shall be at least equal to one-damages reaches ten percent (10%) of the amount of the contract, the Procuring Entity may rescind or terminate the contract, without Billing Statement must be submitted within five (5) working days after the conduct of event. Conforme: Conforme: Very truly yours. Very truly yours. Signature over printed name of Supplier Date ORS/BURS No.: 02-10(10) - No 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		- 1	Whiteboard with eraser	,		1		
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