500

PURCHASE ORDER

		DEPARTMENT OF SOCIAL IBP Road, Constitu	WELFARE & [DEVELOPMEN n City	NT /		
Supplier: M		ZR UNICA, Inc.	PO No.:			2018 - 050490	
		2 Chicago St., Brgy. Pinagkaisahan Cubao uezon City	Date :	Date :		May 28, 2018	
Tel. No.: 726-0953/Fax # 727-209		26-0953/Fax # 727-2090					
		344060	Mode of Proc	Mode of Procurement :		NP - SV	
TIN: 00		06-788-239-000					
Gentle		BM				1 2 1000	
	Toube full	DSWD - CO Warehouse, Batasan	the terms and co	onditions contai	ned herein:		
Place of	Delivery:	Pambansa Complex, Constitution Hills, Quezon City	Mode of Payment				
Date of D	Delivery:	Seven (7) working days upon receipt of Purchase Order	Payment Term:	Fifteen (15) to inspection ar	o Thirty (30) days ond acceptance of g	upon final	
Stock / Property No.	Unit	Description		Quantity	Unit Amount	Amount	
		Common items - additional requirements for	or CIU				
	pcs.	Black Screw 5/32" x 3/4"		500 %	0.30	150.00	
	pcs.	Expansion Bolts 3/8" x 3"		30 √	13.00	390.00	
	pcs.	Marine Plywood 3/4" Thickness x 4 ft width x 8	ft length	36 ⊬	1408.00	50,688.00	
	pcs.	Mushroom Bolts and Nuts with washer		2000 ⊬	1.72	3,440.00	
	pcs.	Slotted Angle Bar 1/8" x 1-1/2" x 10 ft (Brown C	Color)	160 🗸	325.00	52,000.00	
		Reference No.					
		CIU - CPSB					
		PR # 2018041173 V		*			
		AOQ # 18 - 0521- NP - SV 🗸			,		
(Total A	mount in	Hankand			A		
Wards) One Hundred Six Pesos & Six Hundred			d Sixty-Eight Pe	esos Only 🗸	P	106,668.00	
percent	(10%) of the	to make the full delivery within the time specified above 01) of the cost of the unperformed portion for every date amount of the contract, the Procuring Entity may rescircumstances.	v of delay. Once the	nome aviteliumina	int of liquidated dama	agos ropohoo ton	
As a cor copy of	ndition for paths	ayment, the suppliers/service provider is required to su se Order within three (3) days from the date the advance	bmit the duly notari ce copy was served	zed Omnibus Swo	orn Statement togethe	er with the signed	
Conforme:			Very tru	uly yours.	July		
Signature over printed name of Supplier			S	ROSALTE D. DAGULO Signature over Printed Name of Authorized Official			
-		Date Faxed 6/17/18		G OIC	Designation		
Fund Clu	ster:	320/04-1-1	ORS/BURS	S No.: 02-/0	1101-2018-06	-05987	
Funds Av	/ailable:	\$106,668-	Date of the	Date of the ORS/BURS:			
				=v -:	°s.	106,668.00	
Total Control of Contr		JUBIE LEAH MAE. S. COLES					
	Signa	ture of Printed Name of Chief Accountant/	-				
		Head of Accounting Division/Unit					