## **PURCHASE ORDER**

## DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT

IBP Road, Constitution Hills, Quezon City

# 626

er:	ULY TECH TRADING		PO No. :		2018-07-0639		
Address:	B3 L52 P2 Northgate Park, Brgy Sto. Cristo, CSJDM, Bulacan		Date :		July 3, 2018		
Tel. No. : Philgeps #:	2016-1		Mode of Procurement :		Negotiated Procurerment - Small Value		
TIN:	196-69	6-427					
Gentlemen: Pleas	e furnis	sh this office the following articles subject to	the terms and conditions co	ntained he	rein:		
Place of Delivery:		DSWD- Central Office, Warehouse	Payment Term:	Advise to Debit Account (ADA)			
Date of Delivery:		Seven (7) working days upon receipt of Purchase Order (P.O.)	Payment Term:	Fifteen (15) to Thirty (30) days upon final inspection and acceptance of goods			
Stock / Property No.	Init	Description		Quantity	Unit Amount	Amount	
U	Juit D 3 3 6 6 to S E 11 1 E S S S F F N E E N	Canon EOS 800D with EF-S 18-55mm for DIGIC 7 Image Processor  .0" 1.04m-Dot Vari-Angle Touchscreen Full Hollow 19 19 19 19 19 19 19 19 19 19 19 19 19	HD 1080p Video Recording at AF Dual Pixel CMOS AF up s (touch screen swivel LCD)	1	64,750.00	64,750.00	
		Page 1 of 1					
(Total Amount in	n Words)	SIXTY FOUR THOUSAND SE	VEN HUNDRED FIFTY PE	SOS ON	_Y P	64,750.00	
percent (0.0 (10%) of the remedies a	001) of the amount of the amou	make full delivery within the time specified above, the cost of the unperformed portion for every day of out of the contract, the Procuring Entity may rescind ounder the circumstances.  ayment, the supplier/service provider is required to thin three (3) days from the date the copy was served.	delay. Once the cumulative amout in terminate the contract, without p	rejudice to o	ther courses of ac	tion and	
Conforn		thin three (3) days from the date the copy was serve	Very truly yours,		0.4.:		
	hala	mi P. Panis Cina		CAMILO G. GUUMALIN Signature over Printed Name of Authorized Official			
ť	Signature 2	over printed name of Supplier	Signatu	Undersecretary, OUSPIM  Designation			
Fund Cluste Funds Avail	lable:	JUBIE LEAH MAE S. COLES nature over Printed Name of Chief Accountant/ Head of Accounting Division/Unit	ORS/BURS No.: And Date of the ORS/BUR Amount	1 11/1 1	10 h	77((	