PURCHASE ORDER DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT

DIV

| | | Batasan Pambansa Complex, Co | onstitution Hills, Qเ | ezon City | 11 317 | |
|---|----------------------|---|---|---|-----------------|-----------|
| loupplier | | TORE, INC. | PO No. | | 2018-08-0906 | |
| Ju | | ulia vargas, Ortigas Center, Mandaluyong City | Date | | August 15, 2018 | |
| | | 32-1010 loc. 148 / Fax: 637-4430, 637-5474 | Mode of Procurement | | Shopping (B) | |
| PhilGEPS No. 20 | | 013-110453 / | | | | |
| TIN: 00 | | 00-118-681-001 | | | | |
| Gentlen P | | rnish this office the following articles subject to the to | erms and conditions | contained her | ein: | |
| Place of De | elivery: | DSWD-PS Warehouse, DSWD Central Office, IBP Road, Batasan Hills, Quezon City | | within Seven (7) working days upon veceipt of the P.O. | | |
| Date of Del | livery | | Payment Term: | Fifteen (15) to Thirty (30) days upon final inspection and acceptance | | |
| Stock / Property No. | Unit | Description | 4 | Quantity | Unit Amount | Amount |
| 1 | unit | Combo Machine (YIBU U-688 Combo Binding Metal Base, Heavy Duty and Durable U-Type Hand 24 punching holes Punching Capacity: 20 sheets Paper Size: A4, FC, Letter and Legal Punching Margin Control: 2mm - 6.5mm Binding Capacity: 500 sheets xxxxxxxxxxxx-Nothing Follows-xxxxxx Charged to: SB Fund PR No. 2018061857 AOQ No. 18-0906 Shopping (B | dle xxxxx | | 11,500.00 | 11,500.00 |
| (Total Amount in Words) | | leven Thousand Five Hundred Pesos Only | | | Р | 11,500.00 |
| to one-tent liquidated | th of one damage: | lure to make full delivery within the time specified abo e percent (0.001) of the cost of the unperformed portions reaches ten percent (10%) of the amount of the con- to other courses of action and remedies available und | on for every day of de tract, the Procuring E | elay. Once the Entity may reso | cumulative amo | ount of |
| Conforme: (Signature over printed name) Augustate Date | | | Very truly yours MARITES IV. MARISTELA, CESO III Director IV, Standards Bureau Agency Head/Authorized Representative | | | |
| Fund Cluster: Funds Available: JUBIE LEAH MAE S. COLES Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit | | | ORS/BURS No.: Date of the ORS/BURS: Amount ORS/BURS No.: ORS/BURS No.: | | | |