PURCHASE ORDER

DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT

IBP Road, Constitution Hills, Quezon City

| Supplier: LJI | | B PRINTING SERVICES | | PO No.: | | 2018-09-0992 | |
|-------------------------------|--------------------------------------|--|--|---|--|--|--------------------------|
| Address: 39B1 | | B Mapagmahal St., Quezon City | Date : | | | September 4, 2018 | |
| | | -18743 -02-154-000 | | Mode of Procurement : | | Negotiated Procurerment - Small Value | |
| Gentleme P | | rnish this office the following articles subj | ect to th | e terms and conditions o | ontained he | rein: | 2 |
| Place of Delivery: | | DSWD-Central Office Warehouse | | Payment Term: | Advise to Debit Account (ADA) | | unt (ADA) |
| Date of Delivery: | | The second secon | | Payment Term: | Fifteen (15) to Thirty (30) days upon completion of supporting documents | | |
| Stock / Property No. | Unit | Description | on | | Quantity | Unit Amount | Amount |
| | pcs. | Laminated Presentation Folder with Base Color: White Matte Coating: Gloss Size Close: 8.3" x 11.7" Size Open: 16.6" x 11.7" Slits: 2 sleeves with business card slot Die cut for business card insertion Sleeves size: 4" Paper weight: 100 lbs Note: Service provider to submit sample for Expected Delivery Date: 3rd week of Service Provider to Submit Sample for Expected Delivery Date: 3rd week of Service Provider to Submit Sample for Expected Delivery Date: 3rd week of Service Provider to Submit Sample for Expected Delivery Date: 3rd week of Service Provider to Submit Sample for Expected Delivery Date: 3rd week of Service Provider to Submit Sample for Expected Delivery Date: 3rd week of Service Provider to Submit Sample for Expected Delivery Date: 3rd week of Service Provider to Submit Sample for Expected Delivery Date: 3rd week of Service Provider to Submit Sample for Expected Delivery Date: 3rd week of Service Provider to Submit Sample for Expected Delivery Date: 3rd week of Service Provider to Submit Sample for Expected Delivery Date: 3rd week of Service Provider to Submit Sample for Expected Delivery Date: 3rd week of Service Provider to Submit Sample for Expected Delivery Date: 3rd week of Service Provider to Submit Sample for Expected Delivery Date: 3rd week of Service Provider to Submit Sample for Expected Delivery Date: 3rd week of Service Provider to Submit Sample for Expected Delivery Date: 3rd week of Service Provider to Submit Sample for Expected Delivery Date: 3rd week of Service Provider to Submit Sample for Expected Delivery Date: 3rd week of Service Provider to Submit Sample for Expected Delivery Date: 3rd week of Service Provider to Submit Sample for Expected Delivery Date: 3rd week of Service Provider to Submit Sample for Expected Delivery Date: 3rd week of Service Provider to Submit Sample for Expected Delivery Date: 3rd week of Service Provider to Submit Sample for Expected Delivery Date: 3rd week of Service Provider to Submit Sample Provider to Submit Sample for Expected Delivery Date: 3rd week o | r approv ptember PR No. ecision M | ral of the End-user r 2018 | 80 | 100.00 | 8,000.00 |
| (Total Amou | int in Words | Page 1 o | | ND PESOS ONLY | | P | 8,000.00 |
| In case tenth of damage | of failure f one per es reache | e to make full delivery within the time specified cent (0.001) of the cost of the unperformed post ten percent (10%) of the amount of the corer courses of action and remedies available under the cores of action and action action actions are actions at the cores of action actions are actions at the cores of action actions actions are actions at the cores of actions actions are actions at the cores of actions action | d above, ortion for ntract, the | the amount of the liquidate every day of delay. Once to e Procuring Entity may reso | he cumulativ | shall be at least e amount of liqu | equal to one- uidated |
| | | \mathcal{A} | | | | | |
| Conf | Orme: | MIMINDS BUEN-FFUN re over printed name of Supplier 9/19/20/8 | | Very truly yours, LEAH E. MEJIAS A Signature over Printed Name of Authorized Official OIC-Director, SWIDB Designation | | | |
| Fund Clu Funds Av | vailable: | JURIE LEAH MAE S. COLES Ignature over Finited Name of Chief Accountant/ Head of Accounting Division/Unit | us de STORIA, GALLON PRINCIPA | ORS/BURS No.: { Date of the ORS/BUR Amount | 02 101101 | | 11112 |