

PURCHASE ORDER

DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT

Batasan Pambansa Complex, Constitution Hills, Quezon City 'S' 2018-09-1099 PO No. ALLCARD INC. Supplier Lot 3, Block 17, E. Rodriguez Jr. Avenue Corner September 25, 2018 Titan St. Acropolis Subdivision, Bagumbayan, Address Quezon City Shopping (B) 650-8888 Tel. No. Mode of Procurement PhilGEPS No. 2003-7108 230-342-140-000 TIN: Please furnish this office the following articles subject to the terms and conditions contained herein: Gentlemen: within Seven (7) working days DSWD-PS Warehouse, DSWD Central Office, upon receipt of the P.O. Delivery Term: IBP Road, Batasan Hills, Quezon City Place of Delivery: Fifteen (15) to Thirty (30) days upon final inspection and Payment Term: acceptance Date of Delivery Amount Unit Amount Quantity Stock / Description Unit Property 20,000.00 4.00 5000 No. PVC Card (104523-III) piece Dimension: 2.125 x 3.375 Thickness: 30 mil (.75mm) 220,000.00 2.200.00 100 5 Panel Color Ribbon (R5F002SAA) roll 2 Color: YMCKO / 200 print per roll 24,000.00 2,400.00 10 Advance Cleaning Kit (ACL002) set 2 pre-saturated "T" Cards, 2 Advance Card, 1 Pen, 1 Dispenser for 3 50 pre-saturated lint wipes Printer Brand: Evolis Printer Model: Primacy Duplex xxxxxxxxxx-Nothing Follows-xxxxxxxxx Charged to: PAD Fund PR No. 2018062134 A AOQ No. 18-1147 NP-SV For the use of DSWD Officials and Employees 264,000.00 Two Hundred Sixty Four Thousand Pesos Only/ (Total Amount in 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-tenth of one percent (0.001) of the cost of the unperformed portion for every day of delay. Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, the Procuring Entity may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances. Very truly yours, Conforme: O/C-Director, HRDS Agency Head/Authorized Representative ORS/BURS No.: Date of the ORS/BURS: Fund Cluster: Funds Available: Amount

MAES. COLES

Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit

JUBIE LEAH