PURCHASE ORDER

DEPARTMENT OF SOCIAL WELFA

1-070

		Batasan Pambansa Complex					
Supplier		OUP 5 AUDIO VISUAL SYSTEMS		No.	,	2018-09-1113	
Address		UG-35 Cityland 9, Dela Rosa St., Makati City					
Tel. No.	812-9157 to 59 / Fax: 819-0972		Date	Date		September 28, 2018	
PhilGEPS No. 2004-16382							
			Mod	Mode of Procurement		Shopping (B)	
		40-352-000					
Gentlen P		h this office the following articles subject to the		and condition	s contained l	herein:	
Place of Delivery:		DSWD-PS Warehouse, DSWD Central Office		Delivery Term:		within Seven (7) working days upon receipt of the P.O.	
Date of Delivery		1	Payment Term:		n: " - "	Fifteen (15) to Thirty (30) days upon final inspection and acceptance	
Stock / Property No.	Unit	Description			Quantity	Unit Amount	Amount
1	cart	Ink, HP124A, Black, Original Toner, Q6000A			3	4,000.00	12,000.00
2	cart	k, HP124A, Cyan, Original Toner, Q6001A			3	4,500.00	13,500.00
3	cart	nk, HP124A, Yellow, Original Toner, Q6002A			3	4,500.00	13,500.00
4		nk, HP124A, Magenta, Original Toner, Q6003A A			3	4,500.00	13,500.00
5		oner Cart for Brother 5350DN, TN-3250 (Original)			3	3,400.00	10,200.00
6		oner Cart for Brother HL-4150 CDN, TN-340BK (Original)			3	3,050.00	9,150.00
7	cart	oner Cart for Brother HL-4150 CDN, TN-340Y (Original)			3	3,050.00	9,150.00
8	cart	Toner Cart for Brother HL-4150 CDN, TN-34	Cart for Brother HL-4150 CDN, TN-340M (Original)			3,050.00	9,150.00
9	cart	Toner Cart for Brother HL-4150 CDN, TN-34 xxxxxxxxxx-Nothing Follows-xxx	OC (Orig	inal)*\	3	3,050.00	9,150.00
		Charged to: SARO BMB-B-18-0008863 da PR No. 2018082876 a AOQ No. 18-1134 Shopping For the use of NRLMS	\	3/18 Fund _r			of distribution of
(Total Amount in Words) Ninety Ni		Ninety Nine Thousand Three Hundr	ed Pes	os Only a		P	99,300.00
In ca one-tenth damages	ase of failure of one perc reaches ten	to make full delivery within the time specified ent (0.001) of the cost of the unperformed por percent (10%) of the amount of the contract, t urses of action and remedies available under t	l above, tion for e	the amount of every day of de uring Entity ma	elay. Once the	d damages shall be	at least equal to
Confe	orme: Ra vn i (Signature p &	e over printed name) 16.11-18 Date		Very truly	FERNAN F Dir	IDO R. DE VILLA, rector IV, NRLMS /Authorized Repres	
Fund Clus	_	330/00-23		ORS/BURS I	~ / I	0/101-2018-1	0-1/625
Funds Av	ailable:	A99, 300-		Date of the C	RS/BURS:	10-8-10	11075
		/ '6		Amount		10-8-18 AUG 3M	

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