PURCHASE ORDER

DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT

Batasan Pambansa Complex, Constitution Hills, Quezon City

#0146

Supplier	SANDHEL TRADING	PO No.	2020-01-0063
Address	521 Boni Serrano Road,Brgy. San Roque, Murphy, Quezon City	Date	23-Jan-20
Tel. No.	(02) 921-9746		21 FEB 2020
PhilGEPS No.	115231	Mode of Procurement	NP-SV
TIN:	221-355-355-000		

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery:	DSWD-Central Office, PS-Warehouse, Batasan Pambansa Road, Q.C.	Delivery Term:	within seven (7) to fiften (15) calendar days upon receipt of the P.O.
Date of Delivery		Payment Term:	Fifteen (15) to Thirty (30) days upon complete submission of all supporting documents

Stock / Property No.	Unit	Description	Quantity	Unit Amount	Amount
	unit	**Supply and Delivery of USB-C Digital AV Multiport Adapter APPMUF82ZA/A~ 1000 - APPLE** Connector : HDMI, USB, USB-C System Requirement : MacOS Mojave 10.14.6 or later; iOS 12.4 or later Compatibility : Compatible with iPad and Mac Warranty : 1 year Parts and Labor xxxxxxxxxx-Nothing Follows-xxxxxxxxxx PR No. **2019-09-00218** # 19-2099 NP-SV	10	5,270.00	52,700.00

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(Total Amount in Words)	Fifty-Two Thousand Seven Hundred Pesos Only	P	52,700.00

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.

Conforme:

GERALD TAGLE

(Signature over printed name)

JUNE 26, 2020

Date

Very truly yours,

DANILO G. PAMONAG

Undersecretary for Social Welfare and Development

Agency Head/Authorized Representative

Fund Cluster: 01-[illegible]	ORS/BURS No.: 01-[illegible]
Funds Available: [illegible]	Date of the ORS/BURS: [illegible]
	Amount [illegible]

JUBIE LEAH MAE S. COLES

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