PURCHASE ORDER

DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT

Batasan Pambansa Complex, Constitution Hills, Quezon City

965

Supplier	1	GROUP 5 AUDIO VISUAL SYSTEMS CORPORATION		No.		2018-09-1095	
				Date		September 24, 2018	
		2-9157 to 59 / Fax: 819-0972		Mode of Procurement		Shopping (B)	
PhilGEPS No. 2004-1		04-16382	Mod				
TIN: 005-		i-340-352-000				3 (- /	
Gentlerr P		$\mathcal{J}\mathcal{K}\mathcal{J}$ nish this office the following articles subject to	the terms	and condition	ns contained h	nerein:	
Place of De		DSWD-PS Warehouse, DSWD Central Offic IBP Road, Batasan Hills, Quezon City				within Seven (7) working days upon receipt of the P.O.	
Date of Del	ivery			Payment Term:		Fifteen (15) to Thirty (30) days upon final inspection and acceptance	
Stock / Property No.	Unit	Description			Quantity	Unit Amount	Amount
1	cart		Cartridge, HP GT51, Original Ink Bottle, Black		3	290.00	870.00
2	cart		nk Cartridge, HP GT52 Original Ink Bottle, Magenta			290.00	870.00
3	cart		k Cartridge, HP GT52 Original Ink Bottle, Yellow			290.00	870.00
4	cart	Ink Cartridge, HP GT52 Original Ink Bottle, xxxxxxxxxx-Nothing Follows-x			3	290.00	870.00
	140,000,000,000,000,000	Charged to: GASS (AS) PR No. 2018061753 AOQ No. 18-1149 Shoppi 2nd Quarter Supplie	3 ing (B)	***			
(Total A	mount in		Tiles of the same	0			0.400.00
Words)		hree Thousand Four Hundred Eighty Pesos Only				P	3,480.00
one-tenth damages	of one portion of one property of the property	ure to make full delivery within the time specifiercent (0.001) of the cost of the unperformed paten percent (10%) of the amount of the contractions of action and remedies available unde	ortion for e t, the Proce	every day of curing Entity of	lelay. Once the	cumulative amo	unt of liquidated
Confo	orme:	/)		Very trul	y yours,	1 2	
	Kon	mix Imoina			MCOMED	🋂) ES CLARO P. S	HITED A
	(Signa	ture over printed name) 15/10/12018 Date			Director,	Administrative Solution	ervice , k ,
Fund Clus	ster:	100000 -1 -1		ORS/BURS	No.: 01-1	Onoi-1000	1-10-11.0117
JUBIE LEAH MAE S. COLES Signature over Printed Name of Chief Accountant/Head of Accounting Divisi				Date of the ORS/BURS: Amount Amount			