

PURCHASE ORDER

DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT
IBP Road, Constitution Hills, Quezon City

179

Supplier	VIVA SALES ENTERPRISES	PO No.	2018-02-0075
Address	1425-C G. Masangkay St., Sta. Cruz, Manila	Date	February 21, 2018
Tel. No.	254-7475 / 71 Fax No. 251-0861	Mode of Procurement	NP-Small Value Proc.
TIN	103-919-881-000		

Gentlemen:

FSR

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

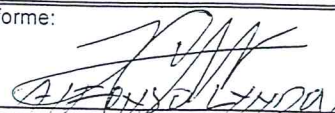
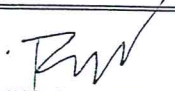
Place of Delivery	DSWD-C.O. PS Warehouse, IBP Road, Constitution Hills, Quezon City	Delivery Term	
Date of Delivery	within seven (7) working days upon receipt of the Purchase Order.	Payment Term	fifteen (15) to thirty (30) days upon final inspection and acceptance.

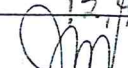
Stock / Property	Unit	Description	Quantity	Unit Amount	Amount
	tanks	Refrigerant R-410A (11.3 kls. Per tank)	2	P6,230.00	P12,460.00
	pair	Epoxy Tube A/B	1	P535.00	P535.00
		TOTAL			P12,995.00
<p>for DSWD-ICTMS (for 4 units wallmounted Aircon located at MDC).</p> <p>AOQ No. 18-0056 NP-SV PR No. 2018010086</p>					

FILE COPY
Procurement Service
Contract Management Division

Total Amount in Words	TWELVE THOUSAND NINE HUNDRED NINETY FIVE PESOS ONLY	P12,995.00
-----------------------	---	------------

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:  Signature Over Printed Name of Supplier 3-7-18 Date	Very truly yours,  FELINO O. CASTRO V Signature over Printed Name of Authorized Official Director, ICTMS Designation
---	--

Fund Cluster <u>STI 200 STD - 1-1</u> Funds Available <u>12,995.00</u>  JUBILEAH MAE S. COLES Signature Over Printed Name of Chief Accountant/ Head of Accounting Division/Unit	ORS/BURS No. <u>02-10117-2018-02-0196</u> Date of the ORS/BURS: <u>2-28-18</u> Amount <u>12,995.00</u>
---	--