

OBLI

PURCHASE ORDER

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

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|----------|--|---------------------|----------------------|
| Supplier | VIVA SALES ENTERPRISES | PO No. | 2018-02-0081 |
| Address | 1425-C G. Masangkay St., Sta. Cruz, Manila | Date | February 23, 2018 |
| Tel. No. | 254-7475 / 71 Fax No. 251-0861 | Mode of Procurement | NP-Small Value Proc. |
| TIN | 103-919-881-000 | | |

Gentlemen: PSR

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 |
|------------------|----------|---|----------|--------------|------------------|
| | pcs. | CHB#4 | 50 | P16.85 | P842.50 |
| | bags | Cement | 25 | P270.00 | P6,750.00 |
| | elf load | White Sand | 1 | P1,380.00 | P1,380.00 |
| | | | | TOTAL | P8,972.50 |
| | | for DSWD-AS-GSD-BGMS (Materials for the construction of elevated catch basin for new Day Care/Child Minding Centers). | | | |
| | | AOQ No. 18-0073 NP-SV PR No. 2018010177 | | | |

| | | |
|-----------------------|---|-----------|
| Total Amount in Words | EIGHT THOUSAND NINE HUNDRED SEVENTY TWO PESOS AND 50/100 ONLY | P8,972.50 |
|-----------------------|---|-----------|

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:

APRILSONO LYNDON

Signature Over Printed Name of Supplier

3-7-18

Date

Very truly yours,

NICOMEDES P. SULLER

Signature over Printed Name of Authorized Official

CIC-Director, Admin. Service

Designation

| | |
|--|---|
| <p>Fund Cluster <u>GAS - 100 STD - 1-1</u></p> <p>Funds Available <u>8,972.50</u></p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">JUBIE LEAH MAE S. COLES</p> <p style="text-align: center;">Signature Over Printed Name of Chief Accountant/ Head of Accounting Division/Unit</p> | <p>ORS/BURS No. <u>02-10101-2018-02-01240</u></p> <p>Date of the ORS/BURS: <u>2-28-18</u></p> <p>Amount <u>8,972.50</u></p> |
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