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PURCHASE ORDER

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

Supplier :	MCSA MARKETING	PO No. :	2018-03-0120
Address :	No. 446 Gedisco Bldg., San Fernando St. Binondo, Mla	Date :	March 5, 2018
Tel. No. :	T-241-4217; 247-1982 / F: 241-6791	Mode of Procurement :	Shopping B
Philgeps #:	201-4116		
TIN :	103-916-601-000		

Gentlemen: *JK II*
Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery:	DSWD-Central Office Warehouse	Payment Term:	Advise to Debit Account (ADA)
Date of Delivery:		Payment Term:	Fifteen (15) to Thirty (30) days upon receipt of billing statement & complete supporting documents for every conduct of each batch

Stock / Property No.	Unit	Description	Quantity	Unit Amount	Amount
	unit	FLATBED SCANNER (EPSON PERFECTION V370) Scan Size : ≥8.5 in x 11.7 in Input Type : Color Gray Scale Depth : 16-bit Color Depth : 48-bit Optical Resolution: 4800 dpi x 9600 dpi Light Source Type : LED Interface : 1xHi-Speed USB Cable Included : 1xUSB cable Compatibility : Windows 7 or higher Warranty : 1 year Hardware Warranty Delivery : 15 calendar days upon receipt of P.O.	1	12,000.00	12,000.00
		AOQ NO.: 18-0109 Shopping B; PR No: 2018020319			

(Total Amount in Words) **TWELVE THOUSAND PESOS ONLY** P 12,000.00

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.

As a condition for payment, the supplier/service provider is required to submit the duly notarized Omnibus Sworn Statement together with the signed copy of this P.O. within three (3) days from the date the copy was served through facsimile machine.

Conforme: *[Signature]*
MICHAEL PROTERANAN
Signature over Printed Name of Supplier
3/14/18
Date

Very truly yours, *[Signature]*
MARIE ANGELA S. GOPALAN
Signature over Printed Name of Authorized Official
Director IV, Capacity Building Bureau
Designation

Fund Cluster: 065 350100-1-2
Funds Available: 12,000.00
[Signature]
JUBILEAH MAE S. COLES
Signature over Printed Name of Chief Accountant/
Head of Accounting Division/Unit

ORS/BURS No.: 02-101101-2018 F 03-01660
Date of the ORS/BURS: _____
Amount: 12,000.00