

# PURCHASE ORDER

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

# 273

Supplier :	8 Dimensions Trading & Supplies, Inc.	PO No. :	2018-030158
Address :	No. 33 Tandang Sora St., Marikina City	Date :	March 14, 2018
Tel. No. :	09178458071	Mode of Procurement :	NP - SV
PhilGephs	2015-139309		
TIN :	008-809-252-000		


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

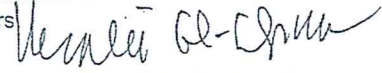
Place of Delivery:	DSWD - CO Warehouse, Batansa Pambansa Complex, Constitution Hills, Quezon City	Mode of Payment	
Date of Delivery:	seven (7) working days upon receipt of Purchase Order	Payment Term:	Fifteen (15) to Thirty (30) days upon final inspection and acceptance of goods

Stock / Property No.	Unit	Description	Quantity	Unit Amount	Amount
	pcs	Universal AU Travel AC Power Adapter Plug (250V)	3	280.00	840.00
	pcs.	6-Gang Extension Cord (more tha 3 meters)	2	720.00	1,440.00
<p>Reference No. PSB - DSWD-OPG Led Inter - Agency Council Secretariat PR # 2018020383 AOQ # 18 - 0162 - NP - SV</p>					

(Total Amount in Words)	Two Thousand Two Hundred Eighty Pesos Only	P	2,280.00
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In case of failure to make the full delivery within the time specified above, the amount of the liquidated damages shall be at least equal to one tenth of the 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 the contract, without prejudice to other courses of action and remedies available under the circumstances.

Conforme:  
  
\_\_\_\_\_  
Signature over printed name of Supplier  
APRIL 6, 2018  
\_\_\_\_\_  
Date

Very truly yours   
\_\_\_\_\_  
ROSALIE D. DAGULO  
Signature over Printed Name of Authorized Official  
\_\_\_\_\_  
OIC - Director, Community PSB  
\_\_\_\_\_  
Designation

Fund Cluster: 920100-1-1  
Funds Available: 70,000 -

ORS/BURS No.: 02-10101-2018-03-02510  
Date of the ORS/BURS: \_\_\_\_\_  
Amount: 2,280.00

  
\_\_\_\_\_  
JUBIE LEAH MAE. S. COLES  
Signature over Printed Name of Chief Accountant/  
Head of Accounting Division/Unit 44/3