

GEMSTONE
 DEPARTMENT OF
 OBLIGATION

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

271

Supplier :	GEMSTONE ENTERPRISE	PO No. :	2018-03-0170
Address :	Unit 7 VAVA Comm'l Bldg., Verdant Ave., Verdant Acres Subd., Las Piñas City	Date :	March 16, 2018
Tel. No. :	808-7002/ 0905-400 1310	Mode of Procurement :	Negotiated Procurement - Small Value
Philgeps #:	2014-124340		
TIN :	101-559-086-000		

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

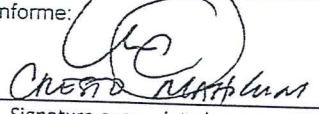
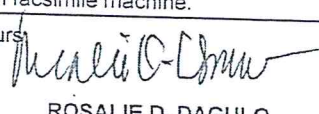
Place of Delivery:	DSWD-Central Office	Payment Term:	Advise to Debit Account (ADA)
Date of Delivery:	Seven (7) working days upon receipt of P.O.	Payment Term:	Fifteen (15) to Thirty (30) days upon final inspection and acceptance of goods


Stock / Property No.	Unit	Description	Quantity	Unit Amount	Amount
	pax	MOBILE PEDESTAL Description: Alloy metal construction with plastic top and nylon caster. With centralized locking system; Dimension : 40cm (W) x 56cm (D) x 65cm (H) Color : Gray Warranty : 1-year warranty on parts and services upon factory defect x x x x nothing follows x x x x AOQ NO.: 18-0165 NP-SV PR No. : 2018020362	19	2,666.00	50,654.00

(Total Amount in Words) **FIFTY THOUSAND SIX HUNDRED FIFTY FOUR PESOS ONLY** P **50,654.00**

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 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 Programs and Services Bureau Designation
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Fund Cluster: <u>320101-1-1</u> Funds Available: <u>750,651</u>  JUBIE LEAH MAE S. COLES Signature over Printed Name of Chief Accountant/ Head of Accounting Division/Unit	ORS/BURS No.: <u>OR-101101-2018-473-0-732</u> Date of the ORS/BURS: Amount: <u>750,651</u>
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