

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

#261

Supplier :	AVID SALES CORP.	PO No. :	2018-03-0176
Address :	S#3059 3rd Level, Ayala Fairview Terraces, Novaliches, QC	Date :	March 20, 2018
Tel. No. :	291-0079/ 0949-6605102/ 0995 9358113	Mode of Procurement :	Shopping B
Philgeps #:	2001-1931		
TIN :	004-869-216-046		

Gentlemen: EDR
 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:	Seven (7) cd upon receipt of P.O.	Payment Term:	15-30 days upon final inspection and acceptance of goods.

Stock / Property No.	Unit	Description	Quantity	Unit Amount	Amount
	units	TABLET (SAMSUNG GALAXY TAB A (SMP355) PROCESSOR : Quad Core Processor, Base Speed Frequency : 1.2 Ghz OPERATING SYSTEM : Android 5.0 (Lollipop) SYSTEM MEMORY : 2GB RAM STORAGE MEMORY : 16GB Internal Storage CAMERA : 5 MP rear , ≥ 2 MP front DISPLAY : 8" Multi Touch Technology LCD SOUND : Integrated CONNECTIVITY : Wi-fi 802.11 a/b/g/n/ac dual band, WIFI Direct Horspot Bluetooth 4.0; GPS Technology , ≥ USB 2.0 TECHNOLOGY : Wi-Fi (LTE) Technology BATTERY : Li-Ion capable of 8 hrs (Multimedia) ≥ 4,200mAh WARRANTY : 1-YEAR x x x x nothing follows x x x x x AOQ NO.: 18-0108 Shopping B PR No. : 2018020314	24	13,709.00	329,016.00

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(Total Amount in Words) **THREE HUNDRED TWENTY-NINE THOUSAND AND SIXTEEN PESOS ONLY** P 329,016.00

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: Very truly yours,


GIRUE LAZARO
 Signature over printed name of Supplier

 Date


HELEN Y. SUZARA
 Signature over Printed Name of Authorized Official
 OIC-Director, Social Technology Bureau

 Designation

Fund Cluster: _____ Funds Available: _____  <u>JUBIE MAE S. COLES</u> Signature over Printed Name of Chief Accountant/ Head of Accounting Division/Unit	ORS/BURS No.: _____ Date of the ORS/BURS: _____ Amount: _____
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