

# PURCHASE ORDER

DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT  
Batasan Pambansa Complex, Constitution Hills, Quezon City

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Supplier	BUSINESS MACHINES CORPORATION	PO No.	2018-07-0756
Address	Carson Bldg., Orense St. Cor. Del Carmen G. Nuevo, Makati City	Date	July 24, 2018
Tel. No.	882-3355 loc. 321 / Fax: 738-7773	Mode of Procurement	Shopping (B)
PhilGEPS No.	2002-4073 ✓		
TIN:	000-302-982-000		

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

Place of Delivery:	DSWD-PS Warehouse, DSWD Central Office, IBP Road, Batasan Hills, Quezon City	Delivery Term:	within Seven (7) working days upon receipt of the P.O. ✓
Date of Delivery		Payment Term:	Fifteen (15) to Thirty (30) days upon final inspection and acceptance

Stock / Property No.	Unit	Description	Quantity	Unit Amount	Amount
1	cart	Toner Cart, Brother TN-3250 for Brother HL5350DN xxxxxxxx-Nothing Follows-xxxxxxxx	2 ✓	3,790.00 ✓	7,580.00 ✓
Charged to: GASS (AS-AMBPS) Fund PR No. 2018030698 ✓ AOQ No. 18-0744 Shopping (B) ✓ For the use of GSD-AMBPS					

(Total Amount in Words)	Seven Thousand Five Hundred Eighty Pesos Only ✓	P	7,580.00
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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:

D. del Valar

\_\_\_\_\_  
(Signature over printed name)  
Date: 8-7-18

Very truly yours,

JIM  
 NICOMEDES P. SULLER  
 Director, Admin. Service  
 Agency Head/Authorized Representative

Fund Cluster: 100000-7-1  
 Funds Available: 7,580.00

ORS/BURS No.: 02-101101-2018-07-08491  
 Date of the ORS/BURS: \_\_\_\_\_  
 Amount: 7,580.00

JIM  
 JIJIE LEAH MAE S. COLES

Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit

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