

PURCHASE ORDER

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

434

| | | | |
|------------|--|-----------------------|---------------|
| Supplier : | McSA marketing ✓ | PO No. : | 2018 - 050400 |
| Address : | 446 Gadisco Bldg., San Fernando St., Binondo, Manila | Date : | May 11, 2018 |
| Tel. No. : | 241-4217/247-1982 | Mode of Procurement : | NP - SV |
| PhilGephs | 2017 - 4116 | | |
| TIN : | 103-916-601-000 | | |

Gentlemen: JIM
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: | Thirty (30) 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. | Procurement of Self Inking Stamp of the following : Self Inking Stamp Specifications : Size : 22mm x 58mm 2 lines | 11 | 1,050.00 | 11,550.00 |
| | pcs. | Self Inking Stamp Specifications : Size : 22mm x 58mm 3 lines Reference : CIU AOQ # 18 - 0405 - NP - SV ✓ PR # 2018030844 ✓ | 5 | 1,100.00 | 5,500.00 |

| | | | |
|-------------------------|-------------------------------------|---|-----------|
| (Total Amount in Words) | Seventeen Thousand Fifty Pesos Only | P | 17,050.00 |
|-------------------------|-------------------------------------|---|-----------|

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.

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|---|---|
| Conforme: _____ Signature over printed name of Supplier _____ Date: <u>JUNE 18, 2018</u> | Very truly yours, _____ Signature over Printed Name of Authorized Official ROSALIE D. DAGULO OIC - Director, CPSB _____ Designation |
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| Fund Cluster: <u>320104-1-1</u> Funds Available: <u>P17,050.-</u> _____ JUBIE LEAH MAE. S. COLES Signature over Printed Name of Chief Accountant/ Head of Accounting Division/Unit <u>9/13</u> | ORS/BURS No.: <u>02-101101-02018-05-05117</u> Date of the ORS/BURS: _____ Amount: _____ style="text-align: right;">17,050.00 |
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