

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

#469

Supplier	COPY DATA SYSTEMS CORPORATION	PO No.	2018-05-0446
Address	KBC Building, 353 J.P. Rizal Street, Makati City	Date	May 22, 2018
Tel. No.	(02) 890-0983 / (02) 899-2239	Mode of Procurement	SHOPPING (B)
PhilGEPS No.	2006-32998		
TIN:	202-474-419-000		

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

Place of Delivery:	DSWD CENTRAL OFFICE	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
	unit	Toner Cartridge OKI, C330dn, Black	7 ₁	2,450.00	17,150.00 ✓
	unit	Toner Cartridge OKI, C330dn, Magenta	7 ₁	4,349.00	30,443.00 ✓
	unit	Toner Cartridge OKI, C330dn, Cyan	6 ₁	4,349.00	26,094.00 ✓
	unit	Toner Cartridge OKI, C330dn, Yellow	7 ₁	4,349.00	30,443.00 ✓

Charged to: STB
 PR No. 2018030940 ✓
 AOQ No. :18-0514 ✓

(Total Amount in Words)	ONE HUNDRED FOUR THOUSAND ONE HUNDRED THIRTY PESOS ONLY ✓	P	104,130.00 ✓
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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: Felipe S. Hood Jr
 (Signature over printed name)
June 06, 2018
 Date

Very truly yours,
HELEN Y. SUZARA
 OIC-Director IV, STB
 Agency Head/Authorized Representative

Fund Cluster:	<u>20000-1-3</u>	ORS/BURS No.:	<u>02-101101-2018-05-05773</u>
Funds Available:	<u>P104,130</u>	Date of the ORS/BURS:	
	<u>JUBIE L. MAE. S. COLES</u>	Amount	<u>P104,130-</u>
Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit			