

PURCHASE ORDER

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

OBLIGATION
DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT
Payee

Supplier	LUZON SALES CO., INC.	PO No.	2018-06-0515
Address	684 G. Puyat St., Quiapo, Manila	Date	June 6, 2018
Tel. No.	733-1783 / 733-2811 Fax No. 733-2810	Mode of Procurement	NP-Small Value Proc.
PHILGEPS Reg. No.	2001-2521 ✓		
TIN	00-083-120-000		

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

Place of Delivery	DSWD-C.O. PMS Warehouse, IBP Road, Constitution Hills, Quezon City	Delivery Term	
Date of Delivery	within seven (7) working days upon receipt of the Purchase Order. ✓	Payment Term	fifteen (15) to Thirty (30) days upon final inspection and acceptance.

Stock / Property	Unit	Description	Quantity	Unit Amount	Amount
	roll	Wire Trak Rubber Floor Moulding with double adhesive, 5 meters	1	1,500.00	1,500.00 ✓
		for DSWD-FMS-OD (for installation of additional electrical outlet).			
		AOQ No. 18-0584 NP-SV ✓ PR No. 2018051278 ✓			

Total Amount in Words ONE THOUSAND FIVE HUNDRED PESOS ONLY ✓ 1,500.00 ✓

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.

Conforme: Very truly yours,

ANGEL DELINDO

Signature Over Printed Name of Supplier

6-14-18

Date

Wayne C. Belizar

Signature over Printed Name of Authorized Official

WAYNE C. BELIZAR

Director, Financial Management Service

Designation *gd*

<p>Fund Cluster <u>10000-1</u></p> <p>Funds Available <u>21300</u></p> <p style="text-align: center; font-size: 1.5em; font-family: cursive;">JUBIE LEAH MAE S. COLES</p> <p>Signature Over Printed Name of Chief Accountant/ Head of Accounting Division/Unit</p>	<p>ORS/BURS No. <u>02-101101-2018-06-06260</u></p> <p>Date of the ORS/BURS: <u>6-8-18</u></p> <p>Amount <u>21300</u></p>
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