

PURCHASE ORDER

DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT

IBP Road, Constitution Hills, Quezon City

Supplier :	ADECS INTERNATIONAL CORP	PO No. :	2018-07-0784
Address :	141 D. Tuazon St. Don Manuel D4, QC	Date :	July 27, 2018
Tel. No. :	743-3060 ; 740-1888	Mode of Procurement :	Shopping B
Philgeps No.	2001-1999		
Tin. No. :	005-252-603-000		

Gentlemen:

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

Place of Delivery :	PS Warehouse DSWD-Central Office, IBP Road Constitution Hills, Quezon City	Delivery Term:	within seven (7) working days upon receipt of Purchase Order
Date of Delivery:		Payment Term:	Fifteen (15) to Thirty (30) days upon final inspection and acceptance

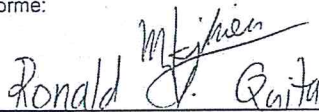
Stock / Property No.	Unit	Particulars	Quantity	Unit Amount	Amount
		2nd Quarter Supplies of NHTO			
	Pcs	HP Ink Cart 955 Cyan	15	982.00	14,730.00
	Pcs	HP Ink Cart 955 Magenta	15	982.00	14,730.00
	Pcs	HP Ink Cart 955 Yellow	15	982.00	14,730.00
	Pcs	HP Ink Cart 955 Black	20	1,232.00	24,640.00
		Nothing follows			
		Purchase Request No. 2018061874 AOQ No. 18-0825 Shopping B			

(Total Amount in Words)	Sixty Eight Thousand Eight Hundred Thirty Pesos Only	P	68,830.00
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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:

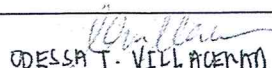
Very truly yours,


Ronald V. Quiza
 Signature over printed name of Supplier
08-15-18
 Date


MARIE ANGELA S. GOPALAN
 Signature over Printed Name of Authorized Official
 Director IV, NHTO
 Designation

Fund Cluster: _____
 Funds Available: _____

ORS/BURS No.: _____
 Date of the ORS/BURS: _____
 Amount: _____


ODESSA T. VILLACENA
MA. KARINEZ S. NONONG
 Signature over Printed Name of Chief Accountant/
 Head of Accounting Division/Unit