

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

707 **KUSON**

Supplier	ST. FRANCIS SQUARE DEPARTMENT STORE, INC.	PO No.	2018-07-0752
Address	2nd Floor St. Francis Square Bldg. Bank Drive, cor. Julia Vargas, Ortigas Center, Mandaluyong City	Date	July 24, 2018
Tel. No.	632-1010 loc. 148 / Fax: 637-4430, 637-5474	Mode of Procurement	Shopping (B)
PhilGEPS No.	2013-110453 ✓		
TIN:	000-118-681-001		

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	piece	ID Jacket with string (Acura/Joy) xxxxxxxxxx-Nothing Follows-xxxxxxxxxx	150 ✓	12.00 ✓	1,800.00 ✓
Charged to: GASS (FMS) Fund PR No. 2018062123 ✓ AOQ No. 18-0896 Shopping (B) ✓ For the conduct of Annual Work and Financial Planning Workshop (August 13-17, 2018)					

(Total Amount in Words)	One Thousand Eight Hundred Pesos Only ✓	P	1,800.00 ✓
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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: *Kim Arnold Barcelina*

 (Signature over printed name)
 8/08/18

 Date

Very truly yours,
Wayne C. Belizar

 WAYNE C. BELIZAR
 Director, FMS
 Agency Head/Authorized Representative

Fund Cluster: 100000-1-1
 Funds Available: P1,000.-

 JUBIE LEAH MAE S. COLES
 Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit

ORS/BURS No.: 02-101114-0000 07-08910
 Date of the ORS/BURS: _____
 Amount: P1,000.-