

# PURCHASE ORDER

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

*#668*

Supplier :	RIVERA MASTERCRAFT, INC.	PO No. :	2018-07-0691
Address :	#8 Rivera Bldg., Maysan Rd., Valenzuela City	Date :	July 10, 2018
Tel. No. :	292-0808 / 292-6637 (Ms. Gel)	Mode of Procurement :	NP-Small Value
TIN :	001-251-792-000		

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

Delivery Site:	DSWD Central Office PS Warehouse, Batasan Complex, Constitution Hills, Quezon City	Delivery Term:	One (1) day after the receipt of approved 3rd & FINAL design. ✓
Date of Delivery:		Payment Term:	Fifteen (15) to Thirty (30) days upon completion of supporting documents

Stock / Property No.	Unit	Description	Quantity	Unit Amount	Amount
	pcs.	<b>PLAQUE</b> (see attached picture) <b>Specifications:</b> Size: height (26 cm); top width (4 cm) body width 23.5 cm base width (10cm); thickness (1.5 cm) Material: thick clear glass Font Color: dark blue, black and red <b>Proofing Stage:</b> 1st: 2 calendar days upon receipt of the approved design 2nd: 2 calendar days upon receipt of the approved design 3rd and Final: 1 day after the receipt of approved design	4	1,200.00	4,800.00 ✓

References: AOQ No. 18-0809 NP-SV    PR No. 2018051433    Fund Source: Current Appro 101 MOOE

(Total Amount in Words)	FOUR THOUSAND EIGHT HUNDRED PESOS ✓	P	4,800.00 ✓
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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:   _____ Signature over printed name of Supplier  _____ Date <span style="margin-left: 50px;"><i>7/27/18</i></span>	Very truly yours,   _____ CESAR A. AQUINO Signature over Printed Name of Authorized Official OIC-Human Resource Development Services  _____ Designation
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Fund Cluster: <u>100000-1-1</u> Funds Available: <u>24,000.00</u>   _____ JUBIE LEE MAE S. COLES Signature over Printed Name of Chief Accountant/ Head of Accounting Division/Unit <span style="float: right;"><i>7/10/18</i></span>	ORS/BURS No.: <u>02-10101-2018-07-07947</u> Date of the ORS/BURS: <u>07-13-18</u> Amount: <u>4,800.00</u>
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