

1. Entity Name - name of the agency/entity
 2. Fund Cluster - fund cluster name/code
 3. Division Office - name
 4. PR No. - name

B. This form shall be accomplished as follows:

Prepared by fund cluster. Goods/supplies/property if the item/s

Batasan Pambansa Complex, Quezon City

| | | | |
|--------------|---|---------------------|------------------|
| Supplier | MCSA MARKETING | PO No. | 2018-07-6794 |
| Address | 446 Gedisco Bldg., San Fernando St. Binondo, Manila | Date | July 30, 2018 |
| Tel. No. | 241-4217, 247-1982 / Fax: 241-6791 | Mode of Procurement | NP - Small Value |
| PhilGEPS No. | 2002-4116 | | |
| TIN: | 103-916-601-000 | | |

Gentlemen:
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 |

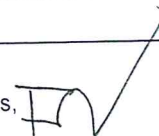
| Stock / Property No. | Unit | Description | Quantity | Unit Amount | Amount |
|---|-------|---|----------|-------------|----------|
| 1 | piece | Stamp Fabrications (Please see attached layout for stamps) xxxxxxxx-Nothing Follows-xxxxxxxx | 37 | 222.00 | 8,214.00 |
| Charged to: NRD 2018 Fund PR No. 2018061880 AOQ No. 18-0832 NP-SV For the use of NRLMS Divisions, Sections and Units | | | | | |

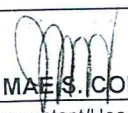
(Total Amount in Words) **Eight Thousand Two Hundred Fourteen Pesos Only** P **8,214.00**

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: _____
 (Signature over printed name)

 Date

Very truly yours, 
FERNANDO R. DE VILLA, JR.
 Director IV, NRLMS
 Agency Head/Authorized Representative

| | | | |
|---|--------------|-----------------------|-----------------------|
| Fund Cluster: | 2018-07-6794 | ORS/BURS No.: | 02 1114 0001 05-09242 |
| Funds Available: | 10000 | Date of the ORS/BURS: | 08 07 18 |
|  JUBIE LEAH MAE S. COLES | | Amount: | 10000 |
| Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit | | | |