

Fax 8/28
due 9/5

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

770

Supplier	MCSA MARKETING	PO No.	2018-07-0795
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:

JIM

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	Self-Inking Stamp (Please see attached design/format) size: 50mm x 20mm Ink Color: Blue xxxxxxxx-Nothing Follows-xxxxxxxx Note: 2pcs Self-Inking Stamp with WATER k	4	1,280.00	5,120.00

Charged to: GASS (AS) Fund
PR No. 2018061753 ✓
AOQ No. 18-0832 NP-SV ✓
2nd Quarter Supplies

(Total Amount in Words)	Five Thousand One Hundred Twenty Pesos Only	P	5,120.00
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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)
8/28/18
Date

Very truly yours,


NICOMEDES CLARO P. SULLER k
Director, Admin. Service
Agency Head/Authorized Representative ✓

Fund Cluster: 100000 71-1
Funds Available: P 5,120 -

ORS/BURS No.: 02-10101-2018/00-09000
Date of the ORS/BURS: 8-6-18
Amount: P 5,120 -

JUBIE LEAH MAE S. COLES 

Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit