



PURCHASE ORDER

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

DUSH
#902

Supplier :	ANGLOWEALTH ENTERPRISES	PO No. :	2018-09-1000
Address :	2/F, Macaya Building, Circumferential Road, San Roque, Antipolo	Date :	September 10, 2018
Tel. No. :	0947-5715666/ 734-9660/ 661-1492	Mode of Procurement :	Negotiated Procurement - Small Value Procurement
Philgeps #	2004-11339		
TIN :	907-558-375-000		

Gentlemen:

mc

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

Place of Delivery:	DSWD-Central Office Warehouse	Payment Term:	Advise to Debit Account (ADA)
Date of Delivery:		Payment Term:	Fifteen (15) to Thirty (30) days upon completion of supporting documents

Stock / Property No.	Unit	Description	Qty	Unit Amount	Amount
	pcs	Production and Printing: TOTE BAG Material: Denim (Wash) Length : 15" Width : 13" Base : 3" Strap : 22" x 1.5" Logos Design: as attached on the RFQ Printing : Sublimation Full colored: Back-to-back With linen and small pocket inside, with high-end zipper (refer to sample attached to RFQ No. 18-1207) Packaging: 100 pcs/pack Delivery Schedule: 1st proof - 2-days upon receipt of P.O. 2nd proof - 2 days upon receipt of commented final proof Delivery Date: <u>within September 2018</u> AOQ No. 18-1207 NP-SV PR No. 2018072533	1,002	162.00	162,324.00

(Total Amount in Words)	ONE HUNDRED SIXTY TWO THOUSAND THREE HUNDRED TWENTY-FOUR PESOS ONLY	P	162,324.00
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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.

As a condition for payment, the supplier/service provider is required to submit the duly notarized Omnibus Sworn Statement together with the signed copy of this P.O. within three (3) days from the date the copy was served through facsimile machine.

Conforme: <u>Rowel VIRTUSIO</u> Signature over printed name of Supplier 9/10/18 Date	Very truly yours, <u>HELEN Y. SUZARA</u> Signature over Printed Name of Authorized Official OIC-Director, Social Technology Bureau Designation
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Fund Cluster: <u>2000007-9</u> Funds Available: <u>162,324-</u>	ORS/BURS No.: <u>02-10101-2018-19-1413</u> Date of the ORS/BURS: _____ Amount: <u>162,324-</u>
<u>JUBIE LEAL WALES COLES</u> Signature over Printed Name of Chief Accountant	