

# PURCHASE ORDER

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

#1807

Supplier	ACCEL PRIME TECHNOLOGIES, INC.	PO No.	2018-08-0838
Address	Unit 405-406, No. 26 N. Domingo St., corner Gilmore St., Brgy. Valencia, Quezon City	Date	August 6, 2018
Tel. No.	721-5833 to 35 / Fax: 721-0052	Mode of Procurement	NP - Small Value
PhilGEPS No.:	2012-82479		
TIN:	008-179-091-000		

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	unit	Numeric Keypad (USB) - A4Tech TK-5 Interface: USB OS Support: Win 7/8/8.1/10 Numlock LED Indicator: Yes xxxxxxxxxxx-Nothing Follows-xxxxxxxxx	1	490.00	490.00

Charged to: GASS (FMS) Fund  
PR No. 2018061848  
AOQ No. 18-0907 NP-SV


(Total Amount in Words)	Four Hundred Ninety Pesos Only	P	490.00
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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 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)  
 8-24-18  
 \_\_\_\_\_  
 Date

Very truly yours,

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

Fund Cluster: _____ Funds Available: _____ <p style="text-align: center;">JUBIE LEAH MAE S. COLES</p> Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit	ORS/BURS No.: _____ Date of the ORS/BURS: _____ Amount: _____
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