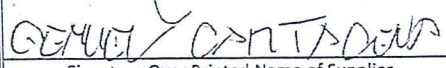
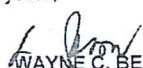



# PURCHASE ORDER

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

#810

Supplier <b>VIVA SALES ENTERPRISES</b>		PO No.	<b>2018-08-0902</b>			
Address <b>1425-C G. Masangkay St., Sta. Cruz, Manila</b>		Date	<b>August 15, 2018</b>			
Tel. No. <b>254-7475 / 71</b> Fax No. <b>251-0861</b>		Mode of Procurement	<b>NP-Small Value Proc.</b>			
PHILGEPS Reg. No.	<b>2017-4397</b>					
TIN	<b>103-919-881-000</b>					
Gentlemen: <span style="float: right; font-size: 1.2em;">E D R</span>						
Please furnish this office the following articles subject to the terms and conditions contained herein:						
Place of Delivery		DSWD-C.O. PMS Warehouse, IBP Road, Constitution Hills, Quezon City		Delivery Term		
Date of Delivery		within seven (7) working days upon receipt of the approved Purchase Order. ✓		Payment Term		
				fifteen (15) to Thirty (30) days upon final inspection and acceptance.		
Stock / Property	Unit	Description	Quantity	Unit Amount	Amount	
	sets	Flourescent Lamp Housing, 12" x 48", Flush Type Luminaire double with 2 pcs. Flourescent Lamp T5, 28 watts  for DSWD-FMS-Office of the Director (Materials for the installation of additional lights).  AOQ No. 18-1068 NP-SV ✓ PR No. 2018061836 ✓	2	1,700.00	3,400.00	
Total Amount in Words		<b>THREE THOUSAND FOUR HUNDRED PESOS ONLY</b>			<b>3,400.00</b>	
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: <span style="font-size: 2em;">✓</span>		Very truly yours,				
 Signature Over Printed Name of Supplier Date <b>8-15-18</b>		 Signature over Printed Name of Authorized Director, FMS Designation <b>Director</b>				
Fund Cluster <b>10000-1-1</b>		ORS/BURS No. <b>02-101101-2018-01-09771</b>				
Funds Available <b>3,400.00</b>		Date of the ORS/BURS: <b>8-17-18</b>				
 Signature Over Printed Name of Chief Accountant/ Head of Accounting Division/Unit <b>8/22</b>		Amount <b>3,400.00</b>				