

# PURCHASE ORDER

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

# 812

Supplier	VIVA SALES ENTERPRISES	PO No.	2018-08-0908
Address	1425-C G. Masangkay St., Sta. Cruz, Manila	Date	August 15, 2018
Tel. No.	254-7475 / 71 Fax No. 251-0861	Mode of Procurement	NP-Small Value Proc.
PHILGEPS Reg. No.	2017-4397		
TIN	103-919-881-000		

Gentlemen:

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.

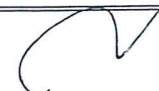
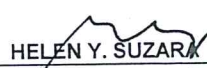

Stock / Property	Unit	Description	Quantity	Unit Amount	Amount
	sets	Concealed Hinges #3, Hydraulic	5	100.00	500.00
	quarts	Lacquer Spot Putty	2	240.00	480.00
	pcs.	T-Handle 4", stainless 3/8" ø	4	200.00	800.00
	pcs.	Woodstrip, 1/2" x 1" x 10', S4S KD	8	48.00	384.00
	pcs.	Baby Roller, Cotton	2	70.00	140.00
	pcs.	Waterproof Sanding paper #120	10	12.00	120.00
	pcs.	Drawer Lock, Heavy duty	2	200.00	400.00
	pc.	Marine Plywood, 3/4" x 4' x 8'	1	1,495.00	1,495.00
	kls.	Kamiseta Rug, Round	3	60.00	180.00
	gal.	Automotive Chocolate Brown	1	1,080.00	1,080.00
				TOTAL	5,579.00

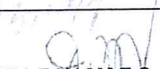
for DSWD-Soc. Tech. Bureau (Materials for the repair of cabinets at Pantry of STB).

AOQ No. 18-1081 NP-SV  
PR No. 2018062002

Total Amount in Words	FIVE THOUSAND FIVE HUNDRED SEVENTY NINE PESOS ONLY	5,579.00
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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 of Supplier Date: 8-28-18	Very truly yours,   HELEN Y. SUZARA _____ Signature over Printed Name of Authorized O/C-Director IV, STB Designation: 
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Fund Cluster: _____ Funds Available: _____   JUBIE LEAH MAE S. COLES _____ Signature Over Printed Name of Chief Accountant/ Head of Accounting Division/Unit	ORS/BURS No. 02 101107 2018 08 0908 Date of the ORS/BURS: _____ Amount: _____
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