

# PURCHASE ORDER

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

Supplier	VIVA SALES ENTERPRISES	PO No.	2018-09-0996
Address	1425-C G. Masangkay St., Sta. Cruz, Manila	Date	Sept. 10, 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.

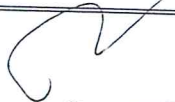

Stock / Property	Unit	Description	Quantity	Unit Amount	Amount
	pcs.	Steel Bar (Grade 60), 10mmØ	300	179.00	53,700.00
	pcs.	Steel Bar (Grade 60), 12mmØ	300	259.00	77,700.00
	pcs.	Steel Bar (Grade 60), 16mmØ	300	449.00	134,700.00
	kgs	CWN, 3"	50	55.00	2,750.00
	kgs.	CWN, 4"	50	53.00	2,650.00
	kgs.	G.I. Wire #16	100	66.00	6,600.00
				<b>TOTAL</b>	<b>278,100.00</b>

for DSWD-AS-BGMD (Materials for the construction of perimeter and expansion of motorcycle parking area at DSWD-CO).

AOQ No. 18-1199 NP-SV  
PR No. 2018082935

Total Amount in Words	TWO HUNDRED SEVENTY EIGHT THOUSAND ONE HUNDRED PESOS ONLY	278,100.00
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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:  <u>GENIEL CARTAGENA</u> Signature Over Printed Name of Supplier Date _____	Very truly yours,  <u>NICOMEDES CLARO P. SULLER</u> Signature over Printed Name of Authorized Director, Administrative Service Designation _____
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Fund Cluster _____ Funds Available _____  <u>JUBIE LEAH MAE S. COLES</u> 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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