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PMG-PPMP-A-PO-20-03-043161-S1

PURCHASE ORDER

DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT

IBP Road, Constitution Hills, Quezon City

Supplier :	EMMAIAH MARKETING & SERVICES, INC.	PO No. :	2020-03-0163
Address :	40 MUSTANG ST. VILLAGE EAST, CAINTA RIZAL	Date :	March 23, 2020
Tel. No. :	9175874347	Mode of Procurement :	Negotiated Procurement Emergency Cases
Philgeps #	216-162060		
TIN :	009-060-028-000		

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

Place of Delivery:	as stated below	Payment Term:	Advise to Debit Account (ADA)
Date of Delivery:	as stated below	Payment Term:	Fifteen (15) to Thirty (30) days upon completion of support documents (per batch)

Lot No.	Unit	Description	Quantity	Unit Amount	Amount
	Piece	Antibacterial Soap 60 Grams Shield Bath Soap Delivery Schedule and Site 10,000 pieces – within two (2) working days upon receipt of Purchase Order (P.O) 20,000 pieces – within four (4) working days upon receipt of Purchase Order (P.O) 30,000 pieces – within six (6) working days upon receipt of Purchase Order (P.O) 30,000 pieces – within eight (8) working days upon receipt of Purchase Order (P.O) 30,000 pieces – within ten (10) working days upon receipt of Purchase Order (P.O) 40,000 pieces – within twelve (12) working days upon receipt of Purchase Order (P.O) 40,000 pieces – within fifteen (15) working days upon receipt of Purchase Order (P.O) DSWD-NROC, CHAPEL ROAD, PASAY CITY APPROVED BUDGET FOR THE CONTRACT (ABC): 3,042.000.00	200,000.00	15.00	3,000.00

(Total Amount in Words) *****THREE MILLION PESOS***** **PHP 3,000,000**

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 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.

Billing Statement must be submitted within five (5) working days after the conduct of event.

Conforme: *[Signature]*
Signature over printed name of Supplier
3-Me-2020

Very truly yours,
[Signature]
U/SEC. FELICISIMO C. BUDIONGAN
Authorized Representative of the Head of the Procuring Entity (HOPE)
Disaster Response Management Group
Designation

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Fund Cluster:	<u>01-0001/000-000-000</u>	ORS/BURS No.:	<u>01-0001/000-000-000</u>
Funds Available:	<u>3,000,000.00</u>	Date of the ORS/BURS:	<u>3/24/20</u>
<u>JUBIE LEAH MAE S. COLES</u> Signature over Printed Name of Chief Accountant/ Head of Accounting Division/Unit		Amount	<u>3,000,000.00</u>