

Health Bldg., Lazatin Blvd., San Agustín
City of San Fernando, Pampanga
Tel. No. (045) 961-4175 loc. 300

3/6/12 10:45

PURCHASE ORDER

Supplier: **OBP GLASS ALUMINUM ENTERPRISE**
Address: DEL CARMEN, CSFP
Tel. No.: 09198057857, 09234424422

P.O. No.: **11-145**
Date: December 29, 2011
Term of Payment: 15 days
Mode of Procurement: Local Shopping

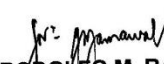



Supplier Registered with: _____
Please deliver to this Office within **15 days** from receipts hereof the following:

NO.	QTY.	UNIT	ITEM/DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	2	set	Sliding Window FSSF 230x160	1 lot = 29,920.00	1 lot = 29,920.00
	2	set	Sliding Window FSSF 330x137		
	1	set	Sliding Window SS 170x110		
			NOTHING FOLLOWS	TOTAL AMT.	29,920.00
			RIV #10-400-R3		29,920.00

Conditions:

- The Agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the value of undelivered order for each day of the delay as liquidated damages.
- Render your bills in triplicate copies including the original.
- If the date of receipts of this P.O. by the dealer is not indicated, it shall be deemed received on the 10th working day from the date of the approval.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.
- Delivery shall be made only on MONDAYS to THURSDAYS not later than 3 PM except for emergency cases wherein prior notification in such cases shall be given by this office.

Very truly yours, 
GRACE M. MAMAWAL
Division Chief IV
Management Services Division

Certified Budget Available: _____ Funds Available in the amount of: P 29,920.00		APPROVED  RODOLFO M. BALOG Vice President for PhRO III
<div style="display: flex; justify-content: space-around;"> <div>  LEONIDAS A. LUMBA Fiscal Controller III </div> <div>  ANGELITA S. REYES Fiscal Controller IV </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____ </div>		
Received copy of P.O. on _____		CONFORME:  Signature over Printed Name of Supplier Representative