

## PURCHASE ORDER

Supplier: **SAVER'S APPLIANCE DEPOT**

Address: MAC ARTHUR HIGHWAY, DOLORES, CITY OF SAN FERNANDO PAMP.

Tel. No. (045)861-0480;961-4289;961-4290

P.O. No.: **11-152**

Date: December 29, 2011

Term of Payment: 15 days

Mode of Procurement: Local Shopping

Supplier Registered with: \_\_\_\_\_  
Please deliver to this Office within \_\_\_\_\_ from receipts hereof the following:

NO.	QTY.	UNIT	ITEM/DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	2	PCS	REFRIGERATOR 6 CU.FT - SEMI AUTO SHARP	11,150.00	22,300.00
	5	PCS	TELEVISION SET LCD 22" SAMSUNG ***NOTHING FOLLOWS***	10,000.00	50,000.00
RIV # 10-464-R3					<b>72,300.00</b>

**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**

Chief, Management Services Division

<b>Certified Budget Available:</b>	<b>Funds Available in the amount of: P 72,300.00</b>	<b>APPROVED</b>
<p><b>LEONIDAS A. LUMBA</b> Fiscal Controller III</p> <p>Within the COB: _____ Expense Code _____ Budget: _____ Remarks: _____</p>	<p><b>ANGELITA S. REYES</b> Fiscal Controller IV</p>	<p><b>RODOLFO M. BALOG</b> Vice-President for PhRO III</p>
<p>Received copy of P.O. on _____</p> <p><b>CONFORME:</b> <b>ROLY T. JUICO</b> Signature over Printed Name of Supplier / Representative</p>		