

**PURCHASE ORDER**

Supplier **GROUP 5 AUDIO VISUAL SYSTEMS CORPORATION**  
 Address **UG U-35 Cityland 9 Dela Rosa Condo. Dela Rosa St. Makati City**  
 Tel.Fax No. **812-9157 to 59**  
 Supplier Registered with: **PHILHEALTH**

Order No. **12-159-13**  
 Date: **December 19, 2013**  
 Term of Payment: **On Account**  
 Mode of Procurement: **Negotiated Procurement**

**BAC-GS Resolution No. 091,s. 2013**

Please deliver to this office within **7 working days** from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	3	PCS	TONER CARTRIDGE FOR CANON FAX MACHINE FX-9, MODEL MF-4150	3,450.00	10,350.00
			LESS: EWT 1% 92.41 GMP 5% 462.05		554.46
					<b>9,795.54</b>
			RIV # 13-0595 dtd. 09/16/13 SBAC - Annabelle T. Cayabyab		

**Terms & Conditions:**

- The agency shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of undelivered order for each day of the delay as liquidated damages.
- If the date of receipt of the Purchase Order / P.O. by the dealer is not indicated, it shall be deemed received on the day it was acknowledge to have been received by a representative either through fax or e-mail
- Delivery of the above item(s) shall be made within the prescribed schedule dates. Supplier are advised to inform Procurement Section at least two (2) days before the delivery. Use of elevator shall only be from 09:00 to 11:30 a.m. and 1:30 to 3:00 p.m. during Mon/Wed/Fri (MWF). All item(s) shall be delivered and accepted by the Procurement Section at 15th Floor, Room 1503 Citystate Ctr. Bldg. Pasig City
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.

Very truly yours,

*[Signature]*  
**ELY E. ROXAS**

Administrative Officer III

Certified Budget Available: <i>[Signature]</i>	Funds Available in the amount of: <b>Php 10,350.00</b>
<b>CORAZON M. TABULAO</b> Fiscal Controller III	<b>LILIA R. GARRIDO</b> Fiscal Controller III
Within the COB: <b>12/20/13</b>	
Expense Code: <b>774-40 / MFO: GASC</b>	
Budget: <b>10,350 / PPA: SBAC</b>	
Remarks: <b>pen 17151 8-2013</b>	

APPROVED:

*[Signature]*  
**LEILA S. TUAZON**  
 OIC Head - SBAC  
 HEAD OF THE AGENCY  
 or Authorized Representative

CONFORME:

*[Signature]*  
 Signature over Printed Name and Position of authorized representative

Received copy of P.O.:

Date