PURCHASE ORDER

Supplier	**NATIONAL PRINTING OFFICE**	Purchase Order No.: **03-026-15**
Address	Edsa Cor. NPO Rd. Diliman, Quezon City	Date: March 2, 2015
Tel.Fax No.	925-2184 loc. 203 . 206 925-2189 925-2197	Term of Payment: C.O.D
Supplier Registered with:	PHILHEALTH	Mode of Procurement: Direct Contracting

Please deliver to this office within _____ **C.O.D** _____ from receipt hereof the following

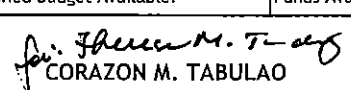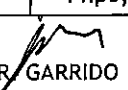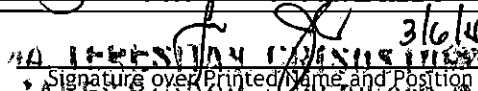| NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	13	books	CASH BOOK, for Regular Disbursement Officer	420.00	5,460.00
			General Form No. 103		
					5,460.00
			RIV#		
			15-0268 dtd. 02/24/15 PRID		

Terms & Conditions:

1. 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.
2. 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
3. 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
4. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
5. 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,

ELY E. ROXAS
Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php5,460.00	APPROVED:
CORAZON M. TABULAO Fiscal Controller III	**LILIA R. GARRIDO** Fiscal Controller III		**CHERIE CARMEN B. DIVINA** OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative

PO 03-027

Within the COB:	CY 2015
Expense Code:	774-10 /504 2-14
Budget:	₱5,460.-
Remarks:	

CONFORME:

3/6/15

Signature over Printed Name and Position of authorized
representative

Received copy of P.O.:

_____
Date