PURUNASE URDER 16-121 **CAGAYAN REGENT FURNISHINGS HOME & OFFICE** Purchase Order No. 20-Sep-16 Trinidad Bldg., Cagayn de Oro Cicy Date Tel./Fax Terms of Payment 182-16 RIV No. Mode of Procurement : Local Shopping Wednesday, April 06, 2016 Date Please deliver to this Office within seven(7) working days from receipt hereof the following: UNIT QTY TOTAL AMOUNT ITEM DESCRIPTION **UNIT PRICE** 8,475.00 16,950.00 X FILING SAFE CABINET 4 drawer units filinf cabinet, made of gauge No. 20 cold rolled steel sheets, powder coated color light gray finish, HD bearings and rollers smooth drawer operation, fit for legal size folders, single lock system secure all drawers w/ one key, detachable drawers the upper portion is equipped w/a perlite insulated safety vault w/ a swing down type outer door controlled by a drawer lock, safety vauit is equipped w/ a dial-type combination lock interconnected to a three point locking mechanism. Minimum dimension: 52"xHx18"Wx28"D MODEL: FC-D4 4 Drawers **Vertical Metal Filing Cabinet** PRICE QUOTED are inclusive of VAT XXXXXXXXXXOTHING FOLLOWS XXXXXXXXXXXXXXX MMRA PHRO 16.950.00TOTAL Conditions: 1. The Agency shall impose penalty in an amount equivalent to 1/10 of one (1) percent of the total value of undelivered order for each day of the delay as liquidated damages; 2. Render your bills in triplicate copies including the original; 3. If the date of the receipt of the Purchase Order by the supplier is not indicated, it shall be deemed received on the 10th working day from the date of the approval of the Purchase Order; and 4. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier. Funds available in the amount of: P 6, 950.00 Very truly your NODEN A. MACARIMBANG SORAYAH M. SHARIEF-TABAQ FISCAL CONTROLLER IV Chief, Management Services Division Head, Fund Management Section JUL COB QUZZAMAN M. MACABATO, CPA, CSEE Regional Vice-President Received this P.O. Copy on: Conform: by: _

Name & Signature of Supplier/Representat