TUNCTIASE ONDER

Address: Iligan City Conditions: Conditions: To Tale To T		/			De la Colon No	Max-17-EP	
Terms of Payment Mode of Procurement: \$25507 Please deliver to this Office within seven (7) working days from receipt hereof the following: 17.=09-0332 NO. QTV. UNIT ITEM DESCRIPTION UNIT PRICE FOTAL AMOUNT 1	Supplier	/			89 72 7017		
Please deliver to this Office within seven (7) working days from receipt hereof the following: 1	Address	: Iliga	an City		/		
Please deliver to this Office within seven (7) working days from receipt hereof the following: 17 - 0 9 - 0 33 2	Tel/Fax	: _/					
Please deliver to this Office within seven (7) working days from receipt hereof the following: 1	PR No.	: #E0	87-17		Mode of Procuremen	: NP/SVP	
NO. QTV. UNIT ITEM DESCRIPTION UNIT PRICE TOTAL AMOUNT 1 /50 pcs Corporate Pen with acrylic case (Mettalic, yellow color with- 220.00 11,000.00 digital print of logos)	Date	: 8/10	0/2017				
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digital print of logos) xxxxxxxx nothing follows xxxxxxxxxxxxx TOTAL 11,000.00 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 libil in triplicate copies including the original. 3. If the date of the receipt of the Purchase Order by the dealer is not indicated, it shall be deemed received on the 10th working day from the date of the approval of the Purchase Order by the dealer is not indicated, it shall be deemed received on the 10th working day from the date of the approval of the Purchase Order. 4. For imported items, IMPORITATION 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 1. L. J. J. Very truly yours, SORAYAH M. SHARDEF-TABAO Head, Fund Management Services Division (Fig. Management Services Division) Approved: Atty. KHALIOUZAMAM M. MACABATO. CPA. CSEE Regioned Vice-President (Fig. Management Services Division) Conform: by: Conform:	NO.	QTY.	UNIT				
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