PURCHASE ORDER

| Supplier | : | CROWN PAPER & STATIONER | Purchase Order No.: 18-04 |
|----------|----|--|---------------------------------|
| Address | : | ILIGAN CITY | Date : 3-14-18 |
| Tel/Fax | : | <u>/ </u> | Terms of Payment : Local Shappy |
| PR No. | :/ | 066-18 | Mode of Procuremer: NP/SVP |
| Date | : | x/18/2019 | |

Please deliver to this Office within seven (7) working days from receipt hereof the following:

| NO. | QTY. | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUN |
|------|------|-------|--|------------|-------------|
| 1 | 3 | boxes | Binder Clip, large size | 90.00 | 270.00 |
| 2 | 3 | boxes | Binder Clip, medium size | 66.00 | / 198.00 |
| 3 | 10 | pcs | Box, knockdown boxes, 12x10x15 | 75.00 | 750.00 |
| 4 | 15 | pcs | Folder Metal ring binder, long 2 hole arc file | 175.00 | 2,625.00 |
| 5 | 15 | pcs | Stapler w/ remover HD No. 35 | 175.00 | 875.00 |
| 6 | /2 | pcs | Record Book 500 pages | 69.50 | 139.00 |
| 7 | 1 | рс | ADHESIVE Tape Size 1"double sided w/ foam | 50.00 | 50.00 |
| | | | xxxxxxxnothing followsxxxxxxxxxxxxxx | | |
| -3.7 | | | | | |
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| | | | TOTAL | | 4,907.0 |

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 dealer is not indicated, it shall be deemed received on the 10th working day from the date of the approval of the Purchase Order.

| date of the approval of the Purchase Order. | |
|---|--|
| 4. For imported items, IMPORTATION DOCUMENTS specifically sho | wing the condition, serial numbers of the equipment purchased, and |
| tax receipts, should be submitted by the supplier | |
| Funds available in the amount of: 4907. W. | Very truly yours, |
| | forman a |
| SORAYAH M.SHARIEF-TABAQ | ALLANODEN A. MACARIMBANG |
| Head, Fund Management Section | Chief, Management Services Division |
| Approved: | (wa) |
| Atty. KHALIOUZZAM | nal Vice-President |
| | |
| n :: 11: no c | Conform |

Received this P.O. Copy on: _______ Conform:

by: _______ Name and Signature of Supplier/Representative