

PURCHASE ORDER

Supplier : KIMS MANUFACTURING INDUSTRIES
Address : Iligan City
Tel/Fax : _____
PR No. : 274-18
Date : 4/18/2018

Purchase Order No. : 18-122
Date : 20 JUN 2018
Terms of Payment : _____
Mode of Procurement : LOCAL SHOPPING

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

18-07-0157

NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	unit	Fire Extinguisher Pure HCF 123,for ABC Class of fire, stored Pressure type, Purity of the Chemical: 99% min,- duration if discharge 10 seconds,Capacity: 4.5kgs., stored pressure, non electrical conductor,non- toxic, non corrosive, with pressure gauge control; Green; (for IT Equipments such as Desktop and Printers)	8,500.00	8,500.00
2	1	unit	Fire Extinguisher, Dry chemical, Mono Amonium Phospate for ABC Class of Fire, stored Pressure type, Purity of the Chemical: 99% min, duration of discharge: 10 seconds, capacity: 4.5kgs, stored pressure,non electrical,conductor, non toxic,non-corrosive, with pressure gauge control: - Red (Regular) xxxxxxxx nothing follows xxxxxxxxxxxxxxxxxxxxxx	2,500.00	2,500.00
T O T A L					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 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.
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: 11,000.00

Very truly yours,

SORAYAH M. SHARIEF-TABAO
Head, Fund Management Section

Approved:

Atty. KHALIQUZZAMAN M. MACABATO, CPA, CSEE
Regional Vice-President

ALLANODEN A. MACARIMBANG
Chief, Management Services Division

Received this P.O. Copy on: _____
by: _____

Conform:

Name and Signature of
Supplier/Representative