

PURCHASE ORDER

Supplier: **ORCHIDS BOOKSTORE** P.O. No.: **19-032**
Address: Sto. Rosario, Angeles City Date: **March 19, 2019**
Tel/Fax No.: 045-409-0230 Term of Payment: **15 DAYS**
Supplier Registered with: PHILHEALTH Mode of Procurement: **Small Value Procurement**

Please deliver to this Office within **15 working days** from receipt hereof :

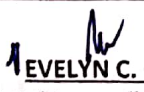
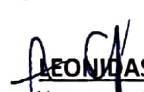
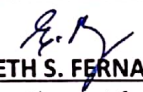
| NO. | QTY. | UNIT | ITEM / DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|------|------|--|------------|----------------------|
| 1 | 24 | pack | BATTERY Dry Cell, 1.5 volts, Premium / Ultra / Super Alkaline/Alkaline, No Mercury and Cadmium, size AA, 2 pcs/blister pack | 66.00 | 1,584.00 |
| 2 | 32 | pack | BATTERY Dry Cell, 1.5 volts, Premium / Ultra / Super Alkaline/Alkaline, No Mercury and Cadmium, size AAA, 2 pcs/blister pack | 66.00 | 2,112.00 |
| 3 | 100 | pc | SIGN PEN, Black liquid/gel ink, 0.5mm needle tip | 21.50 | 2,150.00 |
| 4 | 200 | pc | SIGN PEN, Blue liquid/gel ink, 0.5mm needle tip | 21.50 | 4,300.00 |
| 5 | 50 | pc | STICK-ON NOTEPAD, 3x3, 76mm x 76mm (3x3), 70 gsm (min) 100 sheets per pad, assorted colors | 18.50 | 925.00 |
| | | | | | - |
| | | | | | - |
| | | | | | - |
| | | | *****Nothing Follows***** | | |
| | | | R3-2019-026 | TOTAL AMT. | PHP 11,071.00 |

Conditions:

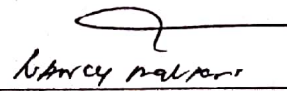
- The Agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the value of undelivered order for each day of the delay as liquidated damages.
- Render your bills in triplicate copies including the original.
- If the date of receipts of this Purchase Order (P.O.) by the dealer is not indicated, it shall be deemed received within 15 working days from the date of approval.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.
- Delivery shall be made only on MONDAYS to THURSDAYS not later than 3 P.M. except for emergency cases wherein prior notification in such cases shall be given by this office.

Very truly yours,


EVELYN E. OCAMPO
PRO3 SBAC - Head

| Certified Budget Available: | Funds available in the amount of | APPROVED |
|--|--|---|
|  EVELYN C. CO FC III / Comptrollership Unit Within the COB: <u>2019</u> Expense Code: <u>102030-100</u> Budget: Remarks: |  LEONIDAS A. LUMBA AO IV / OIC Fund Management Section |  ELIZABETH S. FERNANDEZ, M.D. Acting Vice President PRO III |

CONFORME:


SIGNATURE OVER PRINTED NAME
OF SUPPLIER/ REPRESENTATIVE

3/29/19
DATE RECEIVED COPY OF P.O.