

PURCHASE ORDER

Supplier: **CJ Lhanz** P.O. No.: **19-041**
Address: **Dolores, City of San Fernando** Date: **March 26, 2019**
Tel./ Fax No.: **045-409-8955** 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 :


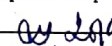

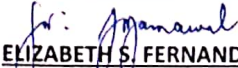
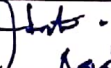
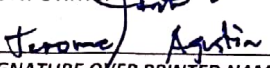
| NO. | QTY. | UNIT | ITEM / DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|------|------|--|------------|----------------------|
| 1 | 2 | pack | CABLE HDMI, 10 meters | 450.00 | 900.00 |
| 2 | 2 | pack | CABLE HDMI, 20 meters | 850.00 | 1,700.00 |
| 3 | 50 | pcs | RIBBON for Printer Dot Matrix, 132 Columns | 1,750.00 | 87,500.00 |
| 4 | 300 | pcs | RJ CONNECTOR RJ 45 | 5.00 | 1,500.00 |
| | | | *****Nothing Follows***** | | |
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| | | | R3-2019-029 | TOTAL AMT. | PHP 91,600.00 |

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

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|--|---|---|
| Certified Budget Available: | Funds available in the amount of PHP 91,600.00 | APPROVED |
|  EVELYN C. CO FC III / Comptrollership Unit Within the COB:  Expense Code: 5-01-03-0104 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 | | 4-8-19 DATE RECEIVED COPY OF P.O. |