

# PURCHASE ORDER

Supplier: **Artlink SOS Trading**  
 Address: **Plaza Burgos, Guagua, Pampanga**  
 Tel./ Fax No.: **045-900-2603**  
 Supplier Registered with: **PHILHEALTH**

P.O. No.: **19-042**  
 Date: **March 26, 2019**  
 Term of Payment: **15 DAYS**  
 Mode of Procurement: **Small Value Procurement**

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

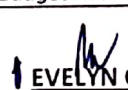
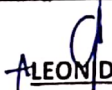
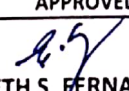
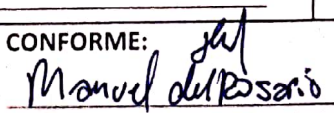
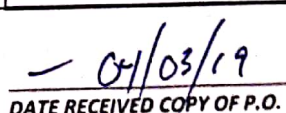
NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	set	CABLE TIE Wrap, 10 inches	198.00	198.00
2	1	set	CABLE TIE Wrap, 3 inches	78.00	78.00
3	1	set	CABLE TIE Wrap, 5 inches	138.00	138.00
4	50	pcs	DVD RECORDABLE 16x speed, 4.7GB capacity, 120 minutes, recording time, individual casing	29.00	1,450.00
4	51	pcs	DVD REWRITEABLE 4x speed, 4.5GB min capacity, 120 mins. Recording time individual plastic case	39.00	1,989.00
			*****Nothing Follows*****		
R3-2019-029				TOTAL AMT.	PHP 3,853.00

## 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*  
**EVELYN E. OCAMPO**  
 PRO3 SBAC - Head

<b>Certified Budget Available:</b>  <div style="text-align: center;">   <b>EVELYN C. CO</b>                  FC III / Comptrollership Unit             </div>	<b>Funds available in the amount of</b> <span style="float: right;"><b>PHP 3,853.00</b></span>  <div style="text-align: center;">   <b>LEONIDAS A. LUMBA</b>                  AO IV/OIC Fund Management Section             </div>	<b>APPROVED</b>  <div style="text-align: center;">   <b>ELIZABETH S. FERNANDEZ, M.D.</b>                  Acting Vice President PRO III             </div>
Within the COB: <u>03/29/19</u> Expense Code: <u>507/030 1003</u> Budget: _____ Remarks: _____		
<b>CONFORME:</b> <div style="text-align: center;">   <b>Manuel del Rosario</b>                  SIGNATURE OVER PRINTED NAME                  OF SUPPLIER/ REPRESENTATIVE             </div>		<div style="text-align: center;">   <b>04/03/19</b>                  DATE RECEIVED COPY OF P.O.             </div>