

Supplier : KIM GUAN
 Address : ILIGAN CITY
 Tel/Fax :
 PR No. : 288-19
 Date : 6/21/2019

Purchase Order No. : 19-294
 Date : 8-5-2019
 Terms of Payment :
 Mode of Procurement : Shopping

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

| NO. | QTY. | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|--------------|------|--------|--|------------|--------------|
| 1 | 1 | box | FOLDER PRESSBOARD, Plain for legal size papers/doc | 395.00 | 395.00 |
| 2 | 3 | jar | GLUE ALL PURPOSE IN JAR W/ APPLICATOR | 35.00 | 105.00 |
| 3 | 12 | pcs | NOTEBOOK STENOGRAPHERS | 9.50 | 114.00 |
| 4 | 3 | pcs | 1 | | |
| 5 | 6 | pcs | | | |
| 6 | 6 | pcs | STAPLE WIRE REMOVER, IND. TYPE | 13.50 | 81.00 |
| 7 | 4 | bottle | INK FOR STAM PAD WITH APPLICATOR, 200grams | 15.00 | 60.00 |
| 8 | 3 | pack | PHOTO PAPER GLOSSY, A4 10s/pack | 75.00 | 225.00 |
| 9 | 36 | pcs | SIGN PEN, BLUE LIQUID GEL/INK, 0.5mm | 22.50 | 810.00 |
| 10 | 24 | pcs | STICK ON NOTE PAD 3 x 3 | 30.00 | 720.00 |
| 11 | 60 | roll | TAPE TRANSPARENT SIZE 1, 24mm, 50mm | 15.00 | 900.00 |
| | | | XXXXXX NOTHING FOLLOWS XXXXXX | | |
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| | | | | | |
| | | | | | |
| | | | | | 3,410.00 |
| TOTAL | | | | | 7,822.00 |

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: ₱ 3,410 -

Very truly yours,

ASLINAH D. ASHARY
 Head, Fund Management Section

ALLANODEN A. MACARIMBANG
 Chief, Management Services Division

Approved:

Att. KHALIUZZAMAN M. MACABATO, CPA, CSEE
 Regional Vice-President

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

Conform:

Name and Signature of
 Supplier/Representative