
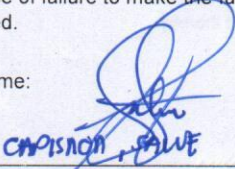
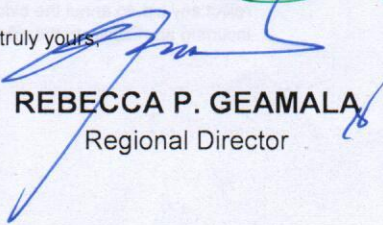


<b>PURCHASE ORDER</b>					
		Department of Social Welfare and Development Field Office VII, Cebu City			
Supplier: <b>JCE MARKETING</b>			PO No.: DSWD7-2020-AMP-480		
Address: M.L QUEZON ST., MAGUIKAY MANDAUE CITY			Date: 8/4/2020		
Contact No.: 0932-359-0380 / 328-0198 / 239-8531			Mode of Procurement: Shopping		
Contact Person: SALVE CAPISONON			TIN: 253-923-073-000		
Gentlemen / Madam: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery:		DSWD FO VII, Cebu City		Delivery Term: within 30 days after receipt of approved PO	
Date of Delivery:				Delivery Term: within 30 days after receipt of Sales Invoice / Billing Statement	
Stock No.	Unit	Description	Quantity	Unit Cost	Amount
		<b>Supply and delivery of the following:</b>			
	pcs.	<b>PROTECTIVE EYEGASS FACE SHIELD</b>	1,000	75.00	75,000.00
	bottle	<b>HAND SANITIZER SPRAY WITH ALCOHOL 70-75%, 100ml.</b>	1,000	79.00	79,000.00
				<b>Gross Amount:</b>	<b>154,000.00</b>
		Purpose: For Pantawid staff use. (Ref: PR No.: DSWD7-2020-0828)	Less:	5%	6,875.00
				1%	1,375.00
<b>Total Amount in Words</b>		<b>One Hundred Forty Five Thousand Seven Hundred Fifty Pesos</b>		<b>Net of tax</b>	<b>145,750.00</b>
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.					
Conforme:  Signature over Printed Name of Supplier			Very truly yours,  <b>REBECCA P. GEAMALA</b> Regional Director		
Date: 8/10/20					
Funds Available: <b>LOUIE RAY C. VILLARIN, CPA</b> Regional Accountant			ALOS No.: _____ Amount: _____		

PO No.: DSWD7-2020-AMP-480