

PURCHASE ORDER

Department of Social Welfare and Development
Field Office VII

cor. MJ Cuenco Ave. & Gen. Maxilom Ave. Cebu City Tel. # 2330261, 2338785 Fax # 4129908, 2321192

Supplier: TRIMAX COMPUTER SUPPLIES & GENERAL MERCHANDISE	PO No. DSWD7-2019-AMP-1294
Address: GENERAL MAXILOM AVENUE, CEBU CITY	Date: 12/27/2019
Contact No.: 233-2218	Mode of Procurement: Shopping
Contact Person: KA KING SY	TIN: 135-445-379-000

Gentlemen
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 calendar days upon receipt of Approved PO
Date of Delivery:	Payment Term: within 30 calendar days after receipt of Billing/SI/DR.

Stock No	Unit	Description	Quantity	Unit Cost	Amount
Supply and Delivery of the ff:					
	box	CAT 6 UTP Cable (Blue) 305 M (AD LINK)	3	2,700.00	8,100.00
	pc	External Hard Drive (SEAGATE/WD/ADATA)	5	1,992.00	9,960.00
	pc	Desktop Barcode Scanner, Handsfree	5	9,500.00	47,500.00
	pack	Adhesive label tape cartridge, black print on white sticker	3	401.00	1,203.00
	pc	Slotted cable duct	100	476.00	47,600.00
	pc	Flash Drive (KODAK)	10	384.00	3,840.00
	pack	RJ45 CAT6 Connector (PASSTHROUGH)	5	1,200.00	6,000.00
	box	Network Cabinet	10	4,440.00	44,400.00
	pc	Cable Cover	20	420.00	8,400.00
	pc	PCI Wireless Adopter	20	2,400.00	48,000.00
		Purpose: For ICTS Network Maintenance and Rehabilitation (Ref: PR No.: DSWD7-19-1686)		Gross Amount: 5% 1%	225,003.00 10,044.78 2,008.96

(Total Amount in Words)	Two Hundred Twelve Thousand Nine Hundred Forty Nine Pesos & 26/100	Net of tax	212,949.26
--------------------------------	---	-------------------	-------------------

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: *Razel Apor*
Signature over Printed Name of Supplier
Date: 12/31/19

Very truly yours,
Rebecca P. Geamala
REBECCA P. GEAMALA, Regional Director

Funds Available	LOUIE RAY G. VILLARIN, CPA Regional Accountant	ALOBS No. _____ Amount _____
-----------------	---	---------------------------------

2/11/20