
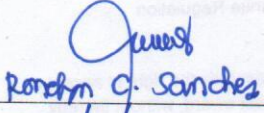
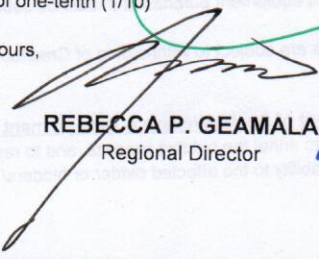


PURCHASE ORDER					
 Department of Social Welfare and Development Field Office VII, Cebu City					
Supplier: CORBOX CORPORATION			PO No. DSWD7-2020-AMP-545		
Address: Purok Gemelina, Tayud Liloan Cebu			Date: 9/11/2020		
Contact No.: 424-9181			Mode of Procurement: NP-Emergency Cases		
Contact Person: VIRGIE CENIZA PESCOS			TIN: 221-721-131-000		
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery:		VDRC, Tingub, Mandaue City		Delivery Term: within 7 days upon receipt of approved PO	
Date of Delivery:				Payment Term: within 30 days after receipt of Billing/SI/DR	
Stock No.	Unit	Description	Quantity	Unit Cost	Amount
	pc.	supply and delivery of: REGULAR SLOTTED CARTON Materials: Kraftliner/ Kraftop Liner Board Dimension: (LxWxH) 395mm x 295mm 130mm +/-5% Thickness: 7 millimeters (+/-10%) Flute: C-B Flute Walling: Double Wall Wax: Waxed inside and unwaxed outside Packaging: Bundled by 10 Testing: a. Machine Testing b. Box compression testing (595 Kgf) c. Should withstand minimum of 10 layers stacking high together with FFP components (9kg) d. Burst testing e. Edge wise testing Scoring: Double Scoring Flap Slots: 7 millimeters (+/-10%) *Cartons with Factory Defect/s should be replaced within one (1) year after delivery. *Items must be palletized upon delivery. END USER: VDRC Purpose: Component of Family Food Packs for stockpiling/distribution. (Ref: PR No.: DSWD7-20-0924)	60,000	32.50	1,950,000.00
				5%	87,053.57
				1%	17,410.71
(Total Amount in Words)		One Million Eight Hundred Forty Five Thousand Five Hundred Thirty Five Pesos & 72/100		Net of tax	1,845,535.72
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 Date: 9/18/20			Very truly yours,  REBECCA P. GEAMALA Regional Director		
Funds Available: LOUIE RAY C. MILLARIN, CPA Regional Accountant			ALOBS No. : _____ Amount : _____		