

## **PURCHASE ORDER**

Department of Social Welfare and Development Field Office VII, Cebu City

			Tield Office VII,
Supplier:	MJPM	MARKET	ING

45-1 Mabini St., Cebu City

Contact No.: 09457009805

Address:

PO No. DSWD7-AMP-2021-657

Date: 08/19/2021

Mode of Procurement:

Shopping

Contact Person:	Atty. Ma	e Malazarte	TIN:	274-852-785-000	
Gentlemen: Please furnish	this Offic	e the following articles subject to the terms and conditions contained	herein:		\
Place of Delivery: DSWD FOVII, CEBU CITY		Delivery Term:		ithin 30 days after receipt and nformity of PO	
Date of Delivery:		Every Tuesday and Thursday 1:00pm to 4:00pm	Payment Term:	wi	thin 30 days after receipt of Sales voice/Billing Statement
Stock No.	Unit	Description	Quantity	Unit Cost	Amount
		Supply and Delivery of the following IT Equipment	H & , GENAY 9.9	NOTED HERISH A	I) ALL PRICES
	piece	USB COMPUTER HEADSET	12	2,500.00	30,000.00
		Microphone type: Bi-directional, noise cancelling Input Impedance: at least 32 ohms Sound: Digital Stereo Controls: In-Line Controls Connectivity: USB-A			CONTROL OF THE SECOND
	piece	WEB CAMERA FOR DESKTOP  Video Resolution: atleast 1080p	5-	4,500.00	22,500.00
		Frame Rate: 30fps Video Compression: H.264 Microphone: Built-in, dual stereo, automatic noise reduction, omnidiretional Field of View: 78 degrees diagonal view Connectivity: USB-A Warranty: at least 1 year			call of a cylicity (a) the control of the cylicity (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
	piece	PORTABLE HARD DRIVE  Capacity: at least 2 TB  Compatibility: USB 3.0/2.0  Features: Custom Backup, autosync  Warranty: at least 1 year for hardware	4	2,500.00	10,000.00
		Purpose: to be used by Öfficers during online webinars, trainings, etc.  End User: VDRC	of earliert of an	Gross Amount	62,500.00
			21 10 11 10 10 10	5%	2,790.1
		(Ref: PR No.: DSWD7-21-0938A)	thubons and to di	1%	558.0
(Total Amount in Words)		Fifty Nine Thousand One Hundred Fifty One Pesos and 78/100		Net of tax	59,151.78

of one percent for every day of delay shall be imposed.

Conforme:

Funds Available:

Signature over Printed Name of Supplier

8/15/4

Date

LOUIE RAY C. VILLARIN, CPA

Regional Accountant

Very truly yours

ALOBS No. : Amount :

REBÉCCA P. GEAMALA, DMPA

Regional Director

PO No. DSWD7-AMP-2021-657