

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 AND GEN. MERCHANDISE	PO No. DSWD7-18-535
Address: General Maxilom Ave., Cebu City	Date: 08/20/2018
Contact No.: 2332218	Mode of Procurement: Shopping
Contact Person: Kaking 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 7, Cebu City	Delivery Term:	within 30 calendar days upon receive approved p.o		
Date of Delivery:		Payment Term:	within 30 calendar days after the delivery & receipt of billing.		
Stock No.	Unit	Description	Quantity	Unit Cost	Amount
1	ream	PAPER, Multi-Purpose (COPY), Legal Size, 70gsm	50	185.00	9,250.00
2	ream	PAPER, Multi-Purpose (COPY) A4, 70gsm	700	175.00	122,500.00
3	piece	Retractable Ballpen, blue, good quality	1,000	5.00	5,000.00
4	piece	Scissors, 8", plastic handle	200	70.00	14,000.00
5	piece	Document holder, assorted color, legal size, cloth size type, with handle	1,000	65.00	65,000.00
6	piece	Stapler, Standard, heavy duty, with remover #35	200	95.00	19,000.00
7	piece	Stamp pad INK, violet, 50ml	700	20.00	14,000.00
<i>Total before tax</i>					248,750.00
5%					11,104.91
1%					2,220.98
<i>Total after tax</i>					235,424.11
Purpose: to be use for Social Pension Program beneficiaries of Unconditional Cash Transfer (UCT)					

(Ref: PR No.: DSWD7-17-0722)

(Total Net Amount in Words) Two hundred thirty five thousand four hundred twenty four pesos 11/100

235,424.11

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

08-24-18

Date

Very truly yours,

Shalaine Marie S. Lucero
SHALAINE MARIE S. LUCERO
Director III/ ARD for Operations

Funds Available:

LOUIE RAY C. VILLARIN, CPA
Regional Accountant

ALOBS No. : _____
Amount : _____