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:	MASANGKAY COMPUTER CENTER 1143 G. MASANGKAY STREET, STA. CRUZ MANILA 2518688/2518558/0908-253-1257 EDNA R. MENDOZA			PO No. DSWD7-2019-AMP-237		
Address:				Date: 4/25/2019		
Contact No.:				Mode of Procurement: Shopping TIN: 106-690-242-000		
Contact Person:						
Gentlemen: Please furnish th	nis Office th	ne following articles subject to the terms and condit	tions conta	ained here	in:	(NO) YOURT
Place of Delivery:		DSWD FO VII, Cebu City	on the industry on the country of the or the country of the	Delivery Term:		within 30 calendar days upon receipt of Approved PO
Date of Delivery:		dant in the control of the control o	is et stat a occustit san ost a mogst	Payment Term:		within 30 calendar days after receipt of Billing/SI/DR
Stock No.	Unit	Desciption		Quantity	Unit Cost	Amount
		Supply and Delivery of following: CELLCARDS:	the	Signishi Danis se Har tahis Na sestas Port mesah	revissore, isete to propinse eq- redition (signal bode sent suggi partino eyeconologenis us off mether years to to to to propinse signed repressioner	DEF ON TONOUSE CONTROL OF THE CONTRO
	pcs.	SUN Prepaid Cards 300		33	300.00	9,900.00
	pcs.	GLOBE Prepaid Cards 300	1	140	300.00	42,000.00
	pcs.	SMART Prepaid Cards 300		200	300.00	60,000.00
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		reaction takes on the province of the first and a			1%	999.11
	,	Purpose: To be use during validation Social Pension Program. (Ref: PR No.: DSWD7-19-052			a regardo no lo Tropio o o vervolas estrolychas various ascontista es ca	Pain Villeness A (3) Nacytose (62) Den Jest (8)
(Total Am	ount	One Hundred Five Thousan		a sc blue	o ostenino Montesamil	Regres way
in Words)		Nine Hundred Five Pesos & 35/100	saale e s	e Serecia Traja	Net of tax	105,905.35
		e full delivery within the time specified above, a penalty delay shall be imposed.	of one-ter	nth (1/10)	C & justice Trip (2.15) In	1
A stary and star			Very truly yours,			
Conforme:		Wee L. Ordinars			REBECCA P. G	EAMALA Director
	Signature of	over Printed Name of Supplier			Acquire	
0 IN	7/0	0//1 Date				
LOUIE RAY C. VILLARIN, CPA Regional Accountant				ALOBS No.: Amount:		
		1/1				