

**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: **FURNICAST CORPORATION**  
Address: PUROK KULO, ESTACA, COMPOSTELA, CEBU  
Contact No.: 0919-655-1392  
Contact Person: KENNETH C. RAMIREZ

PO No. DSWD7-2019-AMP-515  
Date: 6/26/2019  
Mode of Procurement: Small Value Procurement  
TIN: 290-550-142-000

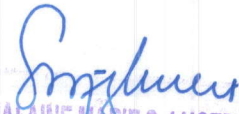
Gentlemen:  
Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery: RRCY, Candabong Argao, Cebu  
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
	piece	<b>CUSTOMIZED STEEL FRAME BED WITH FOAM</b>	17	24,800.00	421,600.00
		*Size: 70cm (W) x 180cm (L) x 45cm (H) *Steel headboard with upholstery, stainless *Steel footboard, steel side rails, stainless with cabinet and shelf at bottom, stainless *Stainless steel frame, heavy duty			
	set	<b>SALA SET</b>	2	33,950.00	67,900.00
		*1 pc sofa 3 seater, leatherette, crème color *2 pcs Sofa 1-seater, leatherette, crème color *1 center table, stone top and stone base, 60 (W) cm x 120(L) x 40cm (H) *4 legs  Purpose: For RRCY use. (Ref: PR No.: DSWD7-18-0521)			
				<b>Gross Amount:</b>	<b>489,500.00</b>
				5%	21,852.68
				1%	4,370.54
<b>(Total Amount in Words)</b>					<b>Net of tax</b>
<b>Four Hundred Sixty Three Thousand Two Hundred Seventy Six Pesos &amp; 78/100</b>					<b>463,276.78</b>

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  
7/4/19  
Date

Very truly yours,  
  
**SHALAIN MARIE S. LUCERO**  
Director III / Assistant Regional Director for Operations

Funds Available:  
**LOUIE RAY C. VILLARIN, CPA**  
Regional Accountant

ALOBS No.: \_\_\_\_\_  
Amount: \_\_\_\_\_