

# 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:	<b>NARD TRADING</b>	PO No.	<b>DSWD7-2019-AMP-969</b>
Address:	Door 1, PBS Bldg., Sangi, Tabunok, City of Talisay, Cebu	Date:	10/16/2019
Contact No.:	222-8116 / 505-7693	Mode of Procurement:	Shopping
Contact Person:	Ms. GRACE SAPE	TIN:	171-845-316-000
Gentlemen:			

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

Place of Delivery:	Cebu City	Delivery Term:	within 30 calendar days upon receipt of Approved PO
Date of Delivery:		Payment Term:	within 30 calendar days after complete delivery & receipt of final billing.

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
<b>Supply and Delivery of Office Supplies</b>					
	pcs.	EXPANDED plastic envelope with handle and zipper, long (Adventurer)	1,840	65.00	119,600.00
	pcs.	BALLPEN, ballpoint 0.6mm tip, blue (fabor castel)	5,520	11.25	62,100.00
	box	PENCIL, lead no. 2 with eraser, one (1) dozen per box (mongol #2)	100	84.00	8,400.00
	pcs.	STAMP PAD with ink #4, permanent (magic)	1,840	24.00	44,160.00
	pcs.	STENO notebook, 60 leaves	1,840	17.00	31,280.00
	pcs.	HORIZONTAL ID badge without garterized lanyard, hard transparent	1,840	10.00	18,400.00
	pack	METACARDS, assorted colors, 100pcs/pack	100	58.00	5,800.00
	ream	BOND paper, A4, 70gsm (copy paper 70gsm)	1,500	158.00	237,000.00
	ream	BOND paper, long, 70gsm (copy paper 70gsm)	1,000	178.00	178,000.00
		'--- nothing follows ---'			
<b>Gross Amount</b>					<b>704,740.00</b>
5%					31,461.61
1%					6,292.32
<b>Net Amount</b>					<b>666,986.07</b>

**Purpose: Listahanan use**

(Ref: PR No.: DSWD7-2019-AMP-969)

(Total net amount in word)	<b>Six Hundred Sixty Six Thousand Nine Hundred Eighty Six &amp; 07/100 only</b>	<b>666,986.07</b>
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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.

Very truly yours,

Conforme:

  
 Signature over Printed Name of Supplier

Date

10-21-19

  
**REBECCA P. GEAMALA**  
 Regional Director

Funds Available:

**LOUIE RAY C. VILLARIN, CPA**  
 Regional Accountant

1 of 1

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