



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

Supplier: **YEAHBAH CREATIONS CORP.** PO No. **DSWD7-AMP-2021-662**
 Address: 2nd Unit G/F Villalon Bldg. 260 Osmena Blvd, Cebu City Date: 08/23/2021
 Contact No.: 0917-538-1429 / 0917-319-6672 Mode of Procurement: Small Value Procurement
 Contact Person: Arlene Adrales - Sarte TIN: 000-009-896-417
 Gentlemen:

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

Place of Delivery: **DSWD FOVII, CEBU CITY** Delivery Term: **within 30 days after receipt of approved sample by the end user.**
 Date of Delivery: **Every Tuesday and Thursday 1:00pm to 4:00pm** Payment Term: **within 30 days after receipt of Sale Invoice/Billing Statement**

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
Supply and Delivery of					
ADVOCACY SHIRT					
1	piece	Collared	116	320.00	37,120.
2	piece	Round Neck	528	300.00	158,400.

Specifications:
 Cloth: 100% Cotton, good quality
 Color: Peach
 Front: DSWD Logo & Social Pension Program Text: Embroidered Dimension
 Height: 1 inch, Width: 3 1/2 inches
 Back: DSWD VII INSIGNIA LOGO Embroidered Dimension
 Height: 2.5 inches Width: 2 inches
 Tagline: Text Font Style: Arial
 Print Style: Embroidered

Sizes:

Collared
 Extra Small: 10 pieces ; Small: 10 pieces;
 Medium: 30 pieces; Large: 50 pieces;
 X-Large: 16 pieces

Round Neck
 Extra Small: 50 pieces; Small: 120 pieces;
 Medium: 180 pieces; Large: 150 pieces;
 X-Large: 28 pieces

Delivery Date: September 2021
 Note: Supplier should submit a sample printed material prior to mass production

Purpose: to be used during Social Pension Program Activities
 End User: Social Pension

Gross Amount **195,520.00**

5% 8,728.
 1% 1,745.

(Total Amount in Words) **One Hundred Eighty Five Thousand Forty Five Pesos and 71/100**

Net of tax **185,045.71**

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

Very truly yours
REBECCA P. GEAMALA, DMPA
 Regional Director

8/25/21
 Date

Funds Available: _____ ALOBS No. : _____