

PURCHASE ORDER
 Department of Social Welfare and Development
 Cordillera Administrative Office

Annex G-5

Supplier	CHALLENGE SYSTEMS, INC.	Purchase Order No.	2023-04-327
Address	UNIT 10 2ND FLOOR, VICENTE MADRIGAL COMMERCIAL COMPLEX, GRANADA STREET CORR. SANTOLAN ROAD VALENCIA ,1112 QUEZON CITY	Date	4/26/2023
		Mode of Procurement	SVP

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions herein.

Place of Delivery	AS INDICATED	Delivery Term:	Complete		
Date of Delivery	AS SCHEDULED	Payment Term:	Charge		
Stock/ Property No.	Unit	Description	QTY	Unit Cost	Total Cost
		Procurement of Adobe and Canva License Software for the Renewal of Existing Software Subscription Used by DSWD-CAR			
	unit	Adobe Creative Cloud for Teams All Apps SKU: 65297765BC02A12	6	66,200.00	397,200.00
	unit	Adobe Acrobat Pro for Teams SKU: 65324057BC01A12	3	17,300.00	51,900.00
	unit	Canva Pro	2	4,990.00	9,980.00

Other Requirements		COMPLIANCE
1	Application/Software should be licensed for one (1) year with free updates and tier-1 Support for the whole duration of the contract	✓
2	Service delivery shall be within ten (10) Calendar days upon receipt of Notice to Proceed	✓
3	Conduct of training session on the management and usage of the software based on the number of licenses	✓
4	Payment term: one-time payment for 1-year subscription of license software application	✓
5	The procuring entity reserves the right to cancel the contract or reduce the quantity of the goods for any justifiable reasons or for any circumstance beyond the procuring entity's control, i.e. Non-availability of funds, etc.	✓
6	Ensure Data Protection of stored information in the cloud storage platform	✓
TOTAL		459,080.00

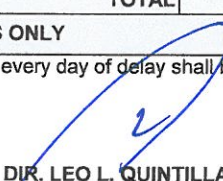
(Amount in words)

FOUR HUNDRED FIFTY-NINE THOUSAND EIGHTY PESOS ONLY

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 on the undelivered item/s.

Conforme:

_____ (Signature over Printed Name) _____ Date


DIR. LEO L. QUINTILLA
 Regional Director

_____ Bank Account Name _____ Bank Account Number

_____ TIN Number _____ Date of BIR Registration

*please tick tax type
 vat
 non-vat

Fund Cluster: <u>CNF / MDS (unpaid)</u>	ORS/ BURS No. : <u>2023</u>
Funds Available: <u>459,080.00</u>	Date of the ORS/ BURS: _____
WILBOURN B. BACOLONG ACCOUNTANT III	Amount: <u>459,080.00</u>

