PURCHASE ORDER

Department of Social Welfare and Development Cordillera Administrative Office

Supplier	A CONTRACTOR OF THE PARTY OF TH	010110				Annex G-5
Supplier		SIGNS OF SUCCESS GE	SIGNS OF SUCCESS GENERAL MERCHANDISE		Purchase Order No.	
Address		BCST EA BLDG., MILITARY CUT-OFF, BAGUIO CITY		Date		8/26/2020
Gentlemen:				Mode of Procurement		SVP
	Pleas	e furnish this office the fo	llowing articles subject to the terms and condition	ns herein.		
acc of Delivery		DSWD-CAR, #40 North Drive. Baquio City			Delivery Term:	Complete
Date of Delivery		10 WORKING DAYS UPON RECEIPT OF PURCHASE ORDER			Payment Term:	Charge
Stock/	Unit		Description	The second second	Unit	Total
Property			Description	QTY	Cost	Cost
		PURCHASE OF TABLE	SHIELD AGAINST COVID-19 FOR SWAD OFFICES		Cost	Cost
		Table Shield				
		A. Material: Clear Acrylic (with Logo)			
		B. Sizes for Acrylic Board:	mar Logo)			
		b.1 (Height) 0.60 meter (I	Length) 0.60 meter x 3mm (thickness)			
	piece	b 2 (Height) 0.60 meter v (Length) 1.00 meter x 3mm (thickness)			
	pioco	C. Logo Size	Length) 1.20 meter x 3mm (thickness)	22	3,500.00	77,000.00
			. 2.22.23			.,,000.00
		c.1 DSWD Logo: 0.20m (L) x 0.080 (H)			
		c.2 One Cordillera: 0.080m	(L) x 0.0080m (H)			
		-BENDED 3mm CLEAR A	CRYLIC			
		OTHER REQUIREMENTS		COMPLIANCE		
		The delivery of the goods is	s within 10 working days upon receipt of Purchase	COMPLIANCE		
		Order.		✓		
		The place of delivery of the	goods / services is AT DSWD-CAR, #40 NORTH			
		DRIVE, BAGUIO CITY.	90000 7 001 11003 13 AT DOWD-CAR, #40 NORTH	V		
				W. Charles and Co.	TOTAL	
(Amoun	t in words)	Seventy Seven Thousand Pesos Only TOTAL 77,000.00				
la seco		Table 1				
on the undo	livered item/s.	ake the full delivery within the	e time specified above, a penalty of one-tenth (1/10) of	one percent for e	very day of delay s	hall be impeed
on the tinde	iivered item/s.			The personal for C	vory day or delay s	shall be imposed
Conforme:						
Conforme:			Very Truly Yours,			
(Sign	ature over Pr	nted Nama			LEO L. QUINTILL	A
(Oigi	ature over Fr	nted Name)	Date	Signature over	Printed Name of A	uthorized Official
				0	IC Regional Direc	etor.
	Contract			_	Designation	201
Bank Account Name			Bank Account Number		Designation	
		_				
-1	IN Number	*please tick tax type	Date of BIR Registration			
		vat	and the state of t			
		non-vat				
Fund Cluster: MDS Current + MDS Conty						
Funds Available:				ORS/ BURS No. : \$ 08 - 04766 + 08 -01364		
WIGO Available,					BURS: AUG 77	7 9090
//// X					DONO. HOU	40/0
11/4-7						
WILBOURN B. BACOLONG						
ACCOUNTANT III Amount:					77,000.00	
The second of th						1