PURCHASE ORDER

E ORDER

Department of Social Welfare and Development
Cordillera Administrative Office

Supplier						Annex G-5
Supplier		HIGHER UP PRINTING	(828)	chase Orde	r No.	2020-12-720
Address		#117 M.ROXAS ST., TRANCOVILLE, BAGUIO CITY	Date			12/29/2020
Gentlemen:		The second second	Mod	de of Procui	rement	SVP
	Please	furnish this office the following articles subject to the t	erms and conditions he	erein.		
Place of De Date of De	elivery	IDSWD-CAR, #40 North Drive, Baguio City			Delivery Term:	Complete
Stock/	livery	15 WORKING DAYS UPON RECEIPT OF PURCHASE ORDER AND FINAL LAY			Payment Term:	Charge
Property	Unit	Description		QTY	Unit	Total
riopeity				QII	Cost	Cost
		PRINTING OF ADVOCACY MATERIALS FOR THE PROG EVALUATION WORKSHOP (PREW)	RAM REVIEW AND			
	_:	Advocacy Shirts (For the monitoring Team)				
	pieces	Navy Blue, Honeycomb with collar, JJWC Logo	١.	25	260.00	6,500.00
		- GILDAN PREMIUM	LDAN PREMIUM /			0,000.00
	1	Advocacy Shirts (For the members, coordinating agencies a	and other			
	pieces	stakeholders)		50	310.00	45 500 00
		Black, Honeycomb with collar, JJWC Logo and Advocacy Logo LIFELINE HONEY COMB W/ COLAR	ogo	50	310.00	15,500.00
	8					
	pieces	Backpack (for the Monitoring Team) Black	,	25	2,450.00	61,250.00
	1	Advocacy Shirts (for BPAs and LGUs)				
	pieces	100% cotton, Black with logo and quote		50	230.00	11 500 00
		- GILDAN PREMIUM		10.10	200.00	11,500.00
	-	OTHER REQUIREMENTS	CO	MPLIANCE		
		The delivery of the goods is within 15 working days upon reconstruction.	ceipt of Purchase	✓		
		Order and Final Layout.		v		
		Delivery Place is within DSWD-CAR Regional Office.		√ .		
					TOTAL	94 750 00
(Amount in words)		Ninety Four Thousan	nd Seven Hundred Fifty	Pesos Only	10175	94,750.00
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:						
oonionio.			Very	Very Truly Yours,		
	gnature over Pri		Sig	LEO L. QUINTILLA Signature over Printed Name of Authorized Official OIC Regional Director Designation		
Bank Account Nan		Name Bank Account Number	er .		Designation	
	TIN Number	*please tick tax type Date of BIR Registration vat non-vat				
Fund Cluster: TF - FTTWC			ORS	S/ BURS No	: 02-10/10/-d	1020-12-00013
Funds Avai	ilable:	4			The state of the s	a how
	X		Date	e of the ORS	3/ BURS:	7/1010
WILBOURIN B/ BACOLONG				ount:	04.750.00	1