## **PURCHASE ORDER**

Department of Social Welfare and Development Cordillera Administrative Office

Annex G-5

Supplier Address		COPIERONLINE PHILIPPINES INC.	Purchase Order No.		2021-06-277
				Date Mode of Procurement	
Gentleme					4
Place of D		e furnish this office the following articles subject to the terms and condition  AS INDICATED	ns herein.	Delivery Term:	Complete
		S SCHEDULED		Payment Term:	
Stock/	Unit	Description	QTY	Unit	Total
Property		PURCHASE OF TONER SUPPLIES WITH FREE USE OF COLORED MULTI-		Cost	Cost
		FUNCTION PRINTER			
	lot	Purchase of toners:  CROW Black - 42 packs  CROW Magenta - 24 packs,  CROW Yellow - 24 packs  CROW Cyan - 24 packs  with provision of ≥ 6 Colored Multifunction printers that are heavy-duty and fully functional.	1	783,750.00	783,750.00
		Each toner packs must weigh ≥500grams and cost ≤ Php6,875.00.  OTHER REQUIREMENTS		COMPLIANCE	
		C280/C360 -COPY, PRINT, SCAN & COLOR LASER -ELECTROSTATIC LASER COPY -HIGH- DEFINITION POLYMERISED TONER -28/36 COPIES PPM -600X600 DPI -WARM-UP TIME APPROX. 45 SECONDS -MAGNIFICATION 25-400% IN 0.1% STEPS; AUTOZOOMING -OUTPUT UP TO 60,000 PAGES PER MONTH AT 1800 DPI X 600 DPI		*	
		DELIVERY INSTALLATION TO BE COMPLETED IN 10 DAYS     RELOCATION, TRANSFERRING OF MACHINE TO BE PROVIDED BY THE LESSOR.     REPAIR, SPARE PARTS AND REPLACEMENT PROVIDED BY THE LESSOR     Onsite technical support for the Main, Extension, and Centers Offices should be within 24 SWAD Offices     Training on machine management and administration should be facilitated by the service staffs at the installation sites.		~	
		Delivery of Services is within 10 working days upon receipt of Purchase Order.		1	
		Delivery Place: DSWD-CAR, 40 North Drive, Baguio City		/	
	nount in words) Seven Hundred Eighty Three Thousand Seven Hundred Fifty		and state of the	TOTAL	783,750.00
In case of Conforme:	failure to make	e the full delivery within the time specified above, a penalty of one-tenth (1/10) of or the undelivered item/s.	ne percent for e	very day of delay si	hall be imposed or
( Sig	gnature over P	rinted Name) Date		NEL/B. GARCIA, Cover Printed Name of A Regional Director	uthorized Official
	Bank Account	Name Bank Account Number		Designation	
	TIN Number	*please tick tax type Date of BIR Registration vat non-vat			
und Cluste	er: ט	mos & conf current	ORS/ RLIDS NA	0001	1107.3
Funds Avai			ORS/ BURS No. :		
WILBOURN B. BACOLONG : ACCOUNTANT III				783,750.00	
UB/c		¥			