

PURCHASE ORDER
Department of Social Welfare and Development
Cordillera Administrative Office

Annex G-5

Supplier	MAJRCK ENTERPRISE	Purchase Order No.	2021-12-814
Address	TUDING, ITOGON, BENGUET	Date	12/20/2021
		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 INDICATED	Payment Term:	Charge	
Stock/Property	Unit	Description	QTY	Unit Cost	Total Cost
PURCHASE AND DELIVERY OF OFFICE SUPPLIES FOR PANTAWID(SVP)					
	piece	STORAGE BOX, hardbound with cover , 16"x11.5"x11.5"	84	450.00	37,800.00
	pack	PAPER,board,white,A4,250 gsm, 10s/pack	150	35.00	5,250.00
	roll	TAPE,duct, 48mm x 50m	20	150.00	3,000.00
	piece	DRAWING PEN,black,fineline,waterproof and fadeproof pigment ink, 0.6mm	15	95.00	1,425.00
	bottle	INK REFILL, for Canon G4010 printer, black	10	380.00	3,800.00
	bottle	INK REFILL, for Canon G4010 printer, cyan	5	380.00	1,900.00
	bottle	INK REFILL, for Canon G4010 printer, magenta	5	380.00	1,900.00
	bottle	INK REFILL, for Canon G4010 printer, yellow	5	380.00	1,900.00
	piece	BALLPOINT PEN, fine point, black	148	12.00	1,776.00
	piece	BALLPOINT PEN, fine point, blue	105	12.00	1,260.00
	pack	PUSH PIN,100s/pack	3	35.00	105.00
	pack	TOILET TISSUE,3ply, 12 rolls/pack	7	188.00	1,316.00
	pack	NOTEPAD,Page markers, stick-on, 1/2 x 2in, assorted colors, 50 sheets/pad, 10 pads/pack	20	65.00	1,300.00
OTHER REQUIREMENTS			COMPLIANCE		
Delivery period is within 10 calendar days upon receipt of Purchase Order. When the last day of delivery falls on a weekend/holiday, the deadline shall be on the next working day.			✓		
Delivery Place: DSWD-CAR, 40 North Drive, Baguio City			✓		
TOTAL					62,732.00
(Amount in words)			Sixty Two Thousand Seven Hundred Thirty Two 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 _____

_____ Bank Account Name _____ Bank Account Number _____

TIN Number _____ Date of BIR Registration _____

*please tick tax type
 vat
 non-vat

ARNEL B. GARCIA, CESO II
Signature over/Printed Name of Authorized Official
Regional Director
Designation

Fund Cluster: <u>01 CME CURRENT</u>	ORS/ BURS No. : <u>02-101101-2021-12-11157</u>
Funds Available: <u>62,732.00</u>	Date of the ORS/ BURS: <u>DEC. 20, 2021</u>
WILBOURN B. BACOLONG ACCOUNTANT III <i>amb.</i>	Amount: <u>62,732.00</u>

UB/crg