

# PURCHASE ORDER

Department of Social Welfare and Development  
Cordillera Administrative Office

Annex G-5

Supplier		COBELLIAM CORP.		Purchase Order No.		2021-12-777	
Address		206 MILITARY CUT OFF ROAD, BAGUIO CITY		Date		12/9/2021	
				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		
<b>PURCHASE OF SEMI EXPENDABLES FOR SWAD AND FIELD OFFICE</b>							
	unit	AIR PURIFIER, humidifier with true HEPA filter; odor allergies remover for smoke, dust, vocs; deodorizing filter, Size: 66x42x26cm	3	12,800.00	38,400.00		
	unit	PERCULATOR, 8L; double wall stainless steel insulation; anti-drip dispenser; coffee strainer; warm and boil indicator w/ thermostat; with reset button function; rust proof cylinder	6	5,000.00	30,000.00		
	unit	LADDER, A TYPE (for accounting section filing cabinet), alluminum, multi-purpose, atleast 10ft.	2	4,500.00	9,000.00		
	unit	CABINET, glass sliding door, inside: 4 adjustable shelves, size: H1850 x W900 x D400mm, thickness: 0.6mm ; color: gray	2	10,500.00	21,000.00		
	unit	LCD SCREEN PROJECTOR, tripod 70 x 70 inches or 6 x 6 ft, portable LCD	1	4,186.00	4,186.00		
<b>OTHER REQUIREMENTS</b>				<b>COMPLIANCE</b>			
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 is at DSWD-CAR #40 Northdrive Baguio City				✓			
						<b>TOTAL</b>	<b>102,586.00</b>
<b>(Amount in words)</b>		<b>One Hundred Two Thousand Five Hundred Eighty Six Pesos Only</b>					

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 <input type="checkbox"/> *please tick tax type <input type="checkbox"/> vat <input type="checkbox"/> non-vat	Date of BIR Registration

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

Fund Cluster: <u>OMP CURRENT</u>	ORS/ BURS No. : <u>2021-12-41220</u>
Funds Available: _____	Date of the ORS/ BURS: <u>12/10/21</u>
<b>WILBOURN B. BACOLONG</b> ACCOUNTANT III	Amount: <u>102,586.00</u>