

# PURCHASE ORDER

Department of Social Welfare and Development  
Cordillera Administrative Office

Annex G-5

Supplier	MAJRCK ENTERPRISE		Purchase Order No.	2021-12-827
Address	TUDING, ITOGON, BENGUET		Date	12/28/2021
Gentlemen:			Mode of Procurement	SVP
Please furnish this office the following articles subject to the terms and conditions herein.				
Place of Delivery	AS INDICATED			
Date of Delivery	AS INDICATED			
Stock/Property	Unit	Description	QTY	Unit Cost Total Cost
<b>PURCHASE AND DELIVERY OF MATERIALS AND EQUIPMENT FOR VARIOUS OFFICES</b>				
	Gallon	Liquid Solution for Atomization Disinfection Fogging Machine, gallon	60	775.00 46,500.00
	Piece	Bathroom Mat, anti-slip floor mat drainage, 25x25cm (12 mat per CR, approx 24 CR)	288	25.00 7,200.00
	Piece	Wall Hanger Double hook, 25*53mm, zinc alloy, for bags	48	35.00 1,680.00
	Piece	Punch free-wall hanging rack door handle, paper towel, 11.6x7cm	10	98.00 980.00
	Piece	Extension Wire, 1.75M Cord Heavy Duty 6 Outlets Individual Switches	3	938.00 2,814.00
	Piece	Extension Cord Voltage Surge Protector PSP0818 PSP 0818	3	1,875.00 5,625.00
	Piece	Industrial Extension Wheel, 50m, with thermoplastic housing, heavy duty plug, with t-slots outlets, 4 gangs, size of wire: 1.25mm	2	3,625.00 7,250.00
	Box	Megabox, Stackable, lift up push	10	195.00 1,950.00
	Box	Megabox, 70L	50	700.00 35,000.00
	Box	Megabox, 120L	50	975.00 48,750.00
	Box	Megabox, 35L	20	595.00 11,900.00
	<b>OTHER REQUIREMENTS</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: DSWD-CAR, 40 North Drive, Baguio City			
	<b>COMPLIANCE</b>			
	✓			
	✓			
	<b>TOTAL</b>			<b>169,649.00</b>
<b>(Amount in words) One Hundred Sixty Nine Thousand Six Hundred Forty Nine 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 \_\_\_\_\_

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>MDS/CMF CURRENT</u>	ORS/ BURS No.: <u>02-101101-2021-12-12340</u>
Funds Available: _____	Date of the ORS/ BURS: <u>30 DEC 2021</u>
<b>WILBOURN B. BACOLONG</b> ACCOUNTANT III	Amount: <u>169,649.00</u> //

