

# PURCHASE ORDER

OFFICE OF THE REGIONAL PROSECUTOR, REGION IV, SAN PABLO CITY  
Entity Name

Supplier : BAN BEE COMMERCIAL CO. INC. Address : 858 Claro M. Recto Avenue, Binondo, Manila TIN : 001-609-075-000	P.O. No. : 2020-06 Date : October 2, 2020 Mode of Procurement : Small Value Procurement
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Gentlemen:

Please furnish this Office the following articles subject to the terms and conditions contained herein:

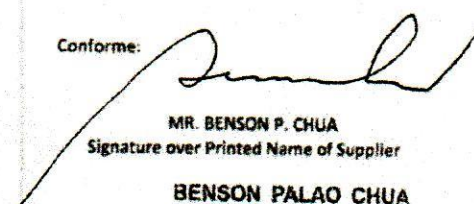
Place of Delivery : Office of the Regional Prosecutor, Region IV, San Pablo City Date of Delivery : _____	Delivery Term : _____ Payment Term : _____
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Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	Pcs.	Ballpen black/blue/red	1064	4.40	4,681.60
	Pcs.	Sign pen black.05	350	55.00	19,250.00
	Pcs.	Sign pen blue.05	300	55.00	16,500.00
	Pcs.	Epson 001 ink black L 4160	360	300.00	108,000.00
	Pcs.	Epson 001 ink cyan L4160	160	335.00	53,600.00
	Pcs.	Epson 001 magenta L 4160	160	335.00	53,600.00
	Pcs.	Epson 001 yellow L 4160	160	335.00	53,600.00
	Pcs.	Epson 003 black L 3110	380	290.00	110,200.00
	Pcs.	Epson 003 cyan L 3110	160	310.00	49,600.00
	Pcs.	Epson 003 magenta L 3110	160	310.00	49,600.00
	Pcs.	Epson 003 yellow L 3110	160	310.00	49,600.00
	Pcs.	Marker permanent blue	118	35.00	4,130.00
	Pcs.	Marker permanent black	200	35.00	7,000.00

(Total Amount in word five hundred seventy nine thousand three hundred sixty one & 60/100 pesos (P579,361.60))

In case of failure to make the full delivery within the time specified above, a penalty of one-length 1/10 of one percent for every day of delay shall be imposed on the undelivered item/s.

Conforme:



MR. BENSON P. CHUA

Signature over Printed Name of Supplier

**BENSON PALAO CHUA**  
**BAN BEE COMMERCIAL CO., INC.**  
 858 C.M. RECTO AVENUE, MANILA  
 Tel. No. 85282305 - 08 Fax: 78806354  
 Brgy: 0328-7371813 Globe: 09682818080  
 TIN No.: 001-609-075-000  
 Email: bwbeeb@gnocil.com

Very truly yours,



ERNESTO C. MENDOZA

Signature over Printed Name of Authorized Official

Regional Prosecutor  
Designation

Fund Luster: \_\_\_\_\_  
 Funds Available: \_\_\_\_\_

ORS/BURS No.: \_\_\_\_\_  
 Date of the ORS/BURS: \_\_\_\_\_  
 Amount: \_\_\_\_\_

\_\_\_\_\_  
 Signature over Printed Name of Chief Accountant/Head of  
 Accounting Division/Unit