

PURCHASE ORDER
DEPARTMENT OF JUSTICE
OFFICE OF THE REGIONAL PROSECUTOR, REGION IX

Entity Name

Supplier PAPERLINE & COMPUTER STATIONERS	P.O. No : <u>2020-10-04</u>
Address <u>Gov. Lim Ave, Zamboanga City</u>	Date : <u>October 28, 2020</u>
TIN :	Mode of Procurement : <u>Small Value Procurement</u>

Gentlemen :



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

Place of Delivery :	Delivery Ter
Date of Delivery :	Payment Ter

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
1	Pieces	Jr. Executive Table (30X54), wood, w/front drawer, 3 drawers on both sides, plain finish	4	8,995.00	35,980.00
2	Pieces	Clerical Table (24X42), wood, w/ drawers	8	3,598.00	28,784.00
3	Pieces	Jr. Executive Swivel Chair, high back, fiber	6	4,950.00	29,700.00
4	Pieces	Clerical Swivel Chair, low back, fiber	10	3,595.00	35,950.00
5	Pieces	Storage Steel Filing Cabinet, vertical, guage 20	1	8,750.00	8,750.00
6	Pieces	Computer Printer, Inkjet, Tank (Brother 1710W)	8	14,995.00	119,960.00
				TOTAL	P259,124.00
					XXXXXXXXXX

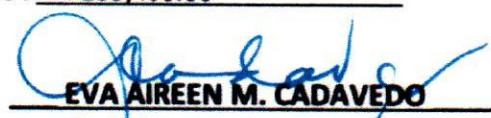
(Total Amount in Words) One Hundred Eighty Eight Thousand Three Hundred Pesos

In case of failure to make 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.

<p>Conforme</p> <p style="text-align: center;"> Glenda Ramirez</p> <p style="text-align: center;">_____ Signature over Printed Name of Supplier</p> <p style="text-align: center;">_____ Date</p>	<p>Very truly yours,</p> <p style="text-align: center;"> DENNIS F. ARAOJO</p> <p style="text-align: center;">_____ Signature over Printed Name of Authorized Official</p> <p style="text-align: center;">_____ Regional Prosecutor</p> <p style="text-align: center;">_____ Designation</p>
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Fund Cluster : _____

Funds Available : P259,400.00

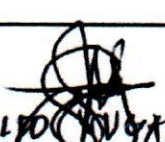

EVA AIREEN M. CADAVEDO
Sr. Assistant Regional Prosecutor

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

ORS/BURS No : _____

Date of the ORS/BURS: _____

Amount : _____


HE. RONALDO CRUZADO
COA HEADGUARD