



Republic of the Philippines  
 Department of Justice  
 NATIONAL PROSECUTION OFFICE VIII  
**REGIONAL PROSECUTION OFFICE VIII**  
 Bulwagan ng Katarungan, Tacloban City

**RECEIVED** *Appendix 61*

Date : 6/1/2023  
 Time : 2:50 pm  
 Signature : [Signature]

**PURCHASE ORDER**

Supplier : <b>ANDJ BRIGHT PRINTING SERVICES</b> Address : 1-D Firmeza St. 1760, Brgy. 445, Sampaloc, Manila, Philippines TIN : 262-485-573-000	P.O. No. : (01)-2023-06-011 Date : June 01, 2023 Mode of Procurement : SHOPPING
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Gentlemen:  
 Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : Regional Prosecution Office VIII, Bulwagan Ng Katarungan, Tacloban City  
 Date of Delivery : Within fifteen (15) calendar days from receipt hereof  
 Delivery Term : ITEMS RELEASED UPON ISSUANCE OF BILLING STATEMENT

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	cart	EPSON INK 001 BLACK (PIGMENT BLACK INK), C13T03Y100	80	300.00	24,000.00
	cart	EPSON INK 001, CYAN, C13T03Y200	40	220.00	8,800.00
	cart	EPSON INK 001, MAGENTA, C13T03Y300	40	220.00	8,800.00
	cart	EPSON INK 001, YELLOW, C13T03Y400	40	220.00	8,800.00
	cart	INK CARTRIDGE, EPSON 003 C13T00S14A Ecotank Black	80	170.00	13,600.00
	cart	INK CARTRIDGE, EPSON 003 C13T00S14A Ecotank Cyan	40	170.00	6,800.00
	cart	INK CARTRIDGE, EPSON 003 C13T00S14A Ecotank Magenta	40	170.00	6,800.00
	cart	INK CARTRIDGE, EPSON 003 C13T00S14A Ecotank Yellow	40	170.00	6,800.00
					<b>84,400.00</b>

(Total Amount in Words) **EIGHTY FOUR THOUSAND FOUR HUNDRED PESOS**

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]*

Very truly yours,

**JOSH P. ALVARADO**  
 Signature over Printed Name of Supplier  
06-01-2023  
 Date

*[Signature]*  
**IRWIN A. MARAYA**  
 Regional Prosecutor

Fund Cluster : \_\_\_\_\_  
 Funds Available : \_\_\_\_\_

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

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