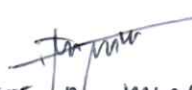
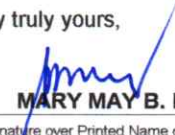


<b>PURCHASE ORDER</b>					
<u>Department of Justice</u> Agency					
Supplier: <u>SL RUIZ CORPORATION</u>			P.O. No.: <u>2023-02-001</u>		
Address: <u>Peñaranda St., Centro Baybay, Legazpi City</u>			Date : <u>02/22/2023</u>		
TIN : <u>414-858-922-00009</u>			Mode of Procurement: <u>Negotiated Procurement</u> (Small Value Procurement, Sec. 53.9)		
Contact No. <u>(052) 2019-931</u>					
Gentlemen:					
Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery: <u>Regional Prosecution Office, Legazpi City</u>			Delivery Term: <u>130 CD</u>		
Date of Delivery: <u>March 24, 2023</u>			Payment Term: <u>N/30</u>		
Stock No.	Unit	DESCRIPTION	Quantity	Unit Cost	AMOUNT
189	unit	Executive Chair with Arm Rest High back mesh chair, leatherette seat Adjustable gaslift with arm, Chrome star base Color: Black	13	4,695.00	61,035.00
190	unit	Jr. Executive Chair with Arm Rest Low/Mid back mesh chair, leatherette seat Adjustable gaslift with arm, Chrome star base Color: Black	14	4,595.00	64,330.00
239	unit	Computer Table	4	3,395.00	13,580.00
202	unit	Steel Filing Cabinet, 4 drawers (at least 52-53" Height x 18-18.5" Width x 26-28.5" Depth), Color: Beige	19	9,495.00	180,405.00
240	unit	2 Drawer Vertical Steel Filing Cabinet (At least 29-30" Height x 18-18.5" width x 26-28.5" Depth), Color: Beige	1	7,595.00	7,595.00
<b>THREE HUNDRED TWENTY-SIX THOUSAND NINE HUNDRED FORTY-FIVE PESOS ONLY.</b>					<b>326,945.00</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:			Very truly yours,		
 <u>MATEO B. MICAUER</u> Signature over Printed Name of Supplier <u>2 / 22 / 2023</u> Date			 <u>MARY MAY B. DE LEOZ</u> Signature over Printed Name of Authorized Official Regional Prosecutor Head of the Procuring Entity		
Fund Cluster: _____			ORS/BURS No.: _____		
Funds Available: _____			Date of the ORS/BURS: _____		
Signature over Printed Name of Chief Accountant/Chief Accountant/Head of Accounting Division/Unit			Amount: _____		

