



RIS NO. **23-03154**

Requisitioning Group/Dept. General Services Division	PURCHASE ORDER	P.O. No. 00002430	Date 03/21/2023
----------------------------------------------------------------	-----------------------	----------------------	--------------------

TO: ACCESSORIES AND SUPPLIES DEPOT, INC. 110 Labo St., Brgy. Salvacion, Quezon City	GENTLEMEN/LADIES: Please supply us within <u>15 WORKING DAYS</u> days after receipt of this purchase order the item(s) listed below. Terms of Payment: Within <u>30 DAYS</u> days after complete delivery and submission of all requirements.
----------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Qty.	Unit of measure	Complete Item Name and Specification (i.e. description, size/dimension/volume, model, use of item, color, capacity, etc.) Brand Name & Country of origin or manufacture (if no brand, state none)	Unit Price	Total
100	PIECES	Brother Ink, LC3617 Black, Original	668.00	66,800.00
50	PIECES	Brother Ink, LC3617 Cyan, Original	568.00	28,400.00
50	PIECES	Brother Ink, LC3617 Magenta, Original	568.00	28,400.00
50	PIECES	Brother Ink, LC3617 Yellow, Original	568.00	28,400.00
Grand Total				152,000.00

Funds Available:
ARMIE S. LACUATA 4/4/2023
 Financial Specialist
 Signature over printed Name / Date
 Controllorship and Budget Division

Recommending Approval EDMUNDO P. GARAIS COD, GSD	APPROVED JEFFREY F. CALIMLIM OIC, AGSD
-----------------------------------------------------------------------------	-------------------------------------------------------------------

Supplier contact details: Tel no.: Fax no.: Cellphone no.: E-mail Address: Taxes paid by NHMFC (i.e VAT, etc., if taxes are paid by supplier, do not indicate): Check if: Exclusive Distributor or Manufacturer <input type="checkbox"/> Check if: DTI Registered, only <input type="checkbox"/> SEC Registered, only <input type="checkbox"/> Both SEC & DTI Registered <input type="checkbox"/>	We declare it to be known and accepted by us that our failure to effect delivery of the item(s) covered by this order within the period specified herein shall give the Corporation the right to cancel this order or make an open market purchase of the undelivered item(s) for which we agree to reimburse the Corporation for all payments made by it in excess of the unit price quoted herein for the said undelivered item(s). We further declare that failure to deliver item(s) within the specified delivery period may subject us to payment of liquidated damage in an amount equivalent to 1/10 of 1% of the total value of the undelivered item(s) for every day of non-delivery. Will submit the following requirement upon delivery to facilitate payment of the corresponding bill: 1. Original Purchase Order and two (2) copies of the Supplier's Invoice(s) bills Clearance Certificate 2. Xerox copy of Certificate of Registration (BIR Form 2303) & Taxpayer 3. Xerox copy of Business & Mayor's Permit Mode of Procurement: <input type="checkbox"/> *Shopping <input type="checkbox"/> *Small Value <input type="checkbox"/> Public Bidding (*) Submit Item #1 only
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

(Please see additional requirement(s) at the back hereof)	Signature: Printed Name: Edgar Policarpio Supplier/Contractor-Date 4/4/23
-----------------------------------------------------------	-----------------------------------------------------------------------------------------------