



PURCHASE ORDER IBP Road, Constitution Hills, Quezon City

Supplier	RYRAH MERCHANDISING		PO No.		2023-05-0045		
Address	86 Cordillera St., Quezon City		Date		May 26, 2023		
Tel. No.	8245-9114		PhilGEPS No.		123887		
TIN	210-690-439-000		Mode of Procurement		Shopping (B)		
Gentlemen:	41. 00 41						
		following articles subject to the terms and conditions contained Civil Service Commission, Constitution Hills, Quezon City					
Place of Delivery		OFAM at Lower Ground Floor	Delivery Term	FOB Destination			
Date of Delivery		Seven (7) working days upon receipt of Purchase Order	Payment Term	within 15-30 da documents.	within 15-30 days upon complete submission of supporting locuments.		
Stock / Property No.	Unit	Description		Quantity	Unit Amount	Amount	
1	ream	Colored Paper, Yellow, A4 size, 80gsm, 500 sheets per ream		2	500.00	1,000.00	
2	ream	Colored Paper, Green, A4 size, 80gsm, 500 sheets per ream		2	500.00	1,000.00	
3	ream	Colored Paper, Blue, A4 size, 80gsm, 500 sheets per ream		2	500.00	1,000.00	
4	box	Gel Pen, Black, 0.5, 12pcs per box		6	100.00	600.00	
5	piece	Clipboard, A4 size, Wooden with Paper Clamp, Thick wood, heavy duty		17	150.00	2,550.00	
6	unit	Calculator, 12-14 digits, with Tape Receipt Printing, LCD Di Black and Red Ribbon	4	5,000.00	20,000.00		
		xxxx-Nothing Follows-xxx					
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		-9					
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		PR No. 2023-04-0492 (OFAM-GSD)					
Total Amount in Words Twenty Six Thousand On			e Hundred Fifty Pesos Only			₱26,150.00	
At least equal to one tenth of one payont (0.001) of the cost of the							
At least equal to one-tenth of one percent (0.001) of the cost of the unperformed portion for everyday of delay. Once the cumulative amount of liquidated damages reaches 10 percent (10%) of the amount of the contract, the Procuring Entity may rescind or terminate the contract, without prejudice to other causes of action and							
remedies avai	ilable under th	he circumstances.	scind of terminate the	e contract, with	out prejudice to other ca	uses of action and	
The suppli	ier/service pro	vider is required to submit the billing statement within five	e (5) working days af	ter the conduct	of the activity.		
Conforme:		110		Very truly your			
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	John	To another		۶			
	Jenri	e Blownelle		/ _A	TTY. KARLO A. B. NO	CRALES	
Signature Over Printed Name of Authorized Official							
Chairperson NS						MS	
		Date			Designation		
Fund Cluster	212		ODE/DUDE	NY -			
Fund Cluster Funds Available ORS/BURS No. Date of the ORS/BURS:							
Amount P26,150.00						00	
120,130.00							
	ESCARLET G. CONOR						
	Signati	ure Over Printed Name of Chief Accountant/				·	
		Head of Accounting Division/Unit					