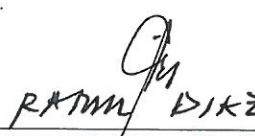




**PURCHASE ORDER**  
**DBM - GPPB-TSO**

Entity Name

Supplier : <u>PHILCOPY CORPORATION</u>		P.O. No. : 2018-AFD-001			
Address : <u>Unit 2406 24/F Medical Plaza Bldg. San Miguel Avenue, Ortigas Pasig City</u>		Date : <b>February 27, 2018</b>			
TIN : <u>000-169-318-00026</u>		Mode of Procurement : <b>Direct Contracting</b>			
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery : <u>Unit 2506, Raffles Corporate Center, F. Ortigas Jr. Rd., Ortigas Center, Pasig City</u>			Delivery Term : _____		
Date of Delivery : <b>1st Delivery: 3rd Week of March</b> (Cyan - 1 cart, Magenta - 1 cart, Yellow - 1 cart, Black - 2 carts)		<b>2nd Delivery: 2nd Week of July</b> (Cyan - 1 cart, Magenta - 1 cart, Yellow - 1 cart, Black - 1 cart)		Payment Term : <u>Land Bank's LDDAP-ADA/Bank Transfer facility</u>	
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	piece	Purchase of Printer Toners compatible with existing Kyosera Laser Printer ECOSYS P6035cdn Specifications: 1. Toner Colors: Cyan - TK5154C Magenta - TK5154M Yellow - TK5154Y Black - TK5154K  2. Toners must be presented/delivered with any proof of authenticity/genuineness from manufacturer *****nothing follows*****	2 2 2 3	13,800.00 13,800.00 13,800.00 11,000.00	27,600.00 27,600.00 27,600.00 33,000.00
(Total Amount in Words) <b>One Hundred Fifteen Thousand Eight Hundred Pesos ,</b>					PHP 115,800.00
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 over Printed Name of Supplier _____ 7/2/18 Date	Very truly yours,  ELMIRA S. CRUZ-CAISIDO Signature over Printed Name of Authorized Official Deputy Executive Director IV Designation		
Fund Cluster : _____			ORS/BURS No. : _____		
Funds Available : _____			Date of the ORS/BURS: _____		
 KRISTINE DALEY-CORPUZ Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit			Amount : _____		