

**PURCHASE ORDER  
DBM-GPPB-TSO  
Entity Name**

Supplier : AJ & TJ PRINTING Address : 2093 C.M. Recto Avenue, Sampaloc, Manila TIN : 286-170-356-000	P.O. No. : 2018-CDD-05 Date : May 29, 2018 Mode of Procurement : Small Value Procurement
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Gentlemen:  
Please furnish this Office the following articles subject to the terms and conditions contained herein:


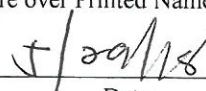
Place of Delivery : GPPB-TSO Office, Pasig City	Delivery Term : _____
Date of Delivery : _____	Payment Term : _____

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
		<b>Photocopy and Softbinding of Handouts (Regional Roll-out for LGUs)</b>  <b>TECHNICAL SPECIFICATIONS:</b> <b>A. Photocopying of presentation slides, program, evaluation forms and notes page</b> A. No. of pages: 280-350 pages double-sided/back to back) per set B. Size of Paper: A4 C. Paper Color: Plain White D. Weight: at least 56 gsm E. Black and white photocopying <b>B. Soft Binding of Materials</b> A. Materials to be bound consists of 160-250 sheets which include*: i. Cover pages ii. 5-9 Modules iii. Two (2) sheets of notes page inserted every after module iv. Partition page inserted every after notes page B. Color of cover page: Blue D. Color of partition page: Dark Yellow <b>E. DELIVERY REQUIREMENT:</b>  1st Delivery – Can deliver 200 pcs within seven (7) calendar days upon receipt of the materials to be procure and bound.  2nd Delivery – 220 pcs within seven day (7) calendar days after the 1st delivery  ***** nothing follows*****	420		69,300.00
			420		


**(Total Amount in Words) Sixty-Nine Thousand Three Hundred Pesos only**


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  
  
  
 \_\_\_\_\_  
 Date

Very truly yours,

  
**ELMIRA S. CRUZ-CAISIDO**  
 Signature over Printed Name of Authorized  
 Official  
 Deputy Executive Director IV  
 Designation

Fund Cluster : _____ Funds Available : _____  <p align="center">   <b>KRISTINE DALE T. CORPUZ</b>                      Signature over Printed Name of Chief Accountant/Head of                      Accounting Division/Unit                 </p>	ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____
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