

PURCHASE ORDER

DEPED, DIVISION OF OZAMIZ CITY

Supplier : OZAMIZ KRISTAN EDUCATIONAL SUPPLY & GENERAL MERCHANDISE	P.O. No. : 2022-03-000
Address : OZAMIZ CITY	Date : _____
Phone No. : 124-065-200-001	Mode of Procurement : Shopping

Gentlemen:
Please furnish this Office the following articles subject to the terms and conditions contained herein:

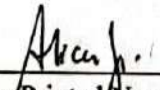
Place of Delivery : COGON INTEGRATED SCHOOL-ELEM	Delivery Term : Delivery
Date of Delivery : _____	Payment Term : Check

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
1	pack	TOILET TISSUE PAPER, Interfolded Paper Towel	10	143.00	1,430.00
2	pack	BATTERY, dry Cell, size AA	1	100.00	100.00
3	box	STAPLE WIRE, standard	10	40.00	400.00
4	roll	TAPE, masking, 24mm	9	40.00	360.00
5	box	CLIP, backfold, 32mm	1	35.00	35.00
6	box	CLIP, backfold, 50mm	1	86.00	86.00
7	piece	CORRECTION TAPE, 8m	10	28.00	280.00
8	piece	MARKER, whiteboard, black	1	25.00	25.00
9	piece	Ballpen Black	270	6.00	1,620.00
10	piece	Correction Tape Refill (DongA) round type	10	60.00	600.00
11	ream	Laminating film A4	5	1,250.00	6,250.00
12	unit	Paper Cutter Board, Heavy Duty	1	1,700.00	1,700.00
13	box	Paper Fastener Coated (Plastic)	10	36.00	360.00
14	piece	Plastic Envelope, Long	270	12.00	3,240.00
15	roll	Ribbon, Cloth Satin 2"	5	220.00	1,100.00
16	piece	Stapler, Standard # 35 with remover	10	135.00	1,350.00
17	pack	Sticker Paper	1	60.00	60.00
Total Amount:					18,996.00

(Total Amount in Words) **Eighteen Thousand Nine Hundred Ninety Six Pesos and No Cents**

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

 03-09-2022

 Date

Very truly yours,


DIOSELYN P. PATILUNA
 Signature over Printed Name of Authorized Official
School Principal
 Designation

Fund Cluster : _____ Funds Available : _____ _____ Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit	ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____
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