



Republic of the Philippines
 Department of Education
 Region- X Northern Mindanao
 Division of Ozamiz City



IBJT Compound Carangan, Ozamiz City
 Tel. No. (088) 545-0988; Fax No. (088) 545-0990

PURCHASE ORDER

Supplier : KEEDEE OFFICE SUPPLIES TRADING P.O. No. : 2024-02 - 103
 Address : CARMEN ANNEX Date : 2/22/24
 TIN : 306 - 794 - 052 - 0001 Mode of Procurement : SHOPPING

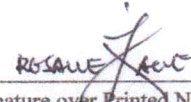
Gentlemen:
 Please furnish this Office the following articles subject to the terms and conditions contained herein:

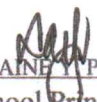
Place of Delivery : CRUZ LANZADO SALIGAN IS - JHS Delivery Term : DELIVER
 Date of Delivery : _____ Payment Term : ONE TIME CHECK

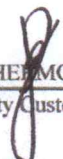
Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
1	piece	ERASER, felt, for blackboard/whiteboard	10	18.00	180.00
2	box	PENCIL, lead/graphite, with eraser	5	72.00	360.00
3	ream	PAPER, MULTIPURPOSE A4	386	190.00	73,340.00
4	bottle	Ink for Brother Printer, Black	6	420.00	2,520.00
5	bottle	Ink for Brother Printer, Cyan	2	410.00	820.00
6	bottle	Ink for Brother Printer, Magenta	2	410.00	820.00
7	bottle	Ink for Brother Printer, Yellow	2	410.00	820.00
8	piece	Sign pen 0.5, Green	15	26.00	390.00
9	piece	Sign pen 0.5, Blue	15	24.00	360.00
10	piece	Sign pen 0.5, Black	20	24.00	480.00
11	piece	Internet Load Card	5	550.00	2,750.00
12	unit	TV, Smart Flat screen LED, 42 inches, with brackets;	10	13,200.00	132,000.00
13	piece	PVC film, for ID	150	7.00	1,050.00
14	meter	Cloth, (batic)	3	100.00	300.00
15	meter	cloth, Pongee, assorted color	34	58.00	1,972.00
16	piece	Load Card	77	110.00	8,470.00
17					
18					
19					
20					
TOTAL					226,632.00

(Total Amount in Words) Two Hundred Twenty Six Thousand Six Hundred Thirty Two 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
2-26-24
 Date

Very truly yours,

 LALAINA PONCE
 School Principal
 Signature over Printed Name of Authorized Official

Requisition Office Department:

 JOAR G. HERMOSIMA
 Property Custodian

ORS/BURS No. : _____
 Date of the ORS/BURS: _____
 Amount : _____