PURCHASE ORDER

DEPED, DIVISION OF OZAMIZ CITY

Supplier:	JCF TECHNOLOGIES, INC.			P.O. No. : 2024-02- 006		
Address:	OZAMIZ CITY		Date: 02-24-2024			
TIN:	425-638-013-001		Mode of Procurement : SHOPPING			
Gentlemen:						
Please furnish this Office the following articles subject to the terms and conditions contained herein:						
Place of Delivery: Montol National High School - JHS			Delivery Term : IMMEDIATELY			
Date of Delivery:		3 days from P.O. date	Payment Term: IMMEDIATELY			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount	
6	ream	PAPER, MULTICOPY A4 - IK ONE	30	185.00	5,550.00	
7	ream	PAPER, MULTICOPY LEGAL - IK ONE	20	210.00	4,200.00	
10	unit	Camera, DSLR - CANON DSLR EOS3000D; 18-55mm, 18mp	1	36,000.00	36,000.00	
14	bottle	Ink for Brother Printer, Black	10	420.00	4,200.00	
15	bottle	Ink for Brother Printer, Cyan	5	420.00	2,100.00	
16	bottle	Ink for Brother Printer, Magenta	5	420.00	2,100.00	
17	bottle	Ink for Brother Printer, Yellow	5	420.00	2,100.00	
18	bottle	Ink Original Epson, 003 Black	22	285.00	6,270.00	
19	bottle	Ink Original Epson, 003 Cyan	10	295.00	2,950.00	
20	bottle	Ink Original Epson, 003 Magenta	10	295.00	2,950.00	
21	bottle	Ink Original Epson, 003 Yellow	10	295.00	2,950.00	
27	unit	PRINTER Eco Tank All-in-One Ink Tank (print,scan,copy), No wifi - EPSON L3210	3	9,900.00	29,700.00	
37	unit	Laptop - ACER	5	26,500.00	132,500.00	
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					-	
				/	-	
		8	Total Amount: 233,570.00			
(Total Amoun	(Total Amount in Words) TWO HUNDRED THIRTY-THREE THOUSAND FIVE HUNDRED SEVENTY PE					
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:				Very truly yours,		
) lew			ATTY. CHARYLJOY C. NAVAREZ			
Signature over Printed Name of Supplier			Signature over Printed Name of Authorized Official			
Signature over 1 inted Name of Supplier				School Principal 1		
Date				Designation		
Fund Cluster:				ORS/BURS No. :		
Funds Available :			Date of the ORS/BURS:			
			Amount:			
			-			
Signature over Printed Name of Chief Accountant/Head			1			
of Accounting Division/Unit						