
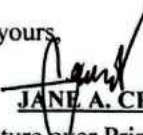


PURCHASE ORDER

DEPED, DIVISION OF OZAMIZ CITY

Supplier : KEEDEE OFFICE SUPPLIES TRADING		P.O. No. : 2024-05-0004			
Address : OZAMIZ CITY		Date : 13-May-24			
TIN : 306-794-052-0001		Mode of Procurement : SVP			
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery : <u>Gotocan Elementary School</u>		Delivery Term : <u>Deliver</u>			
Date of Delivery : <u>5 days upon receipt of Purchase Order</u>		Payment Term : <u>Check</u>			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
2	can	FLOOR WAX, paste type, red, Starwax 450g	12	170.00	2,040.00
4	roll	TAPE, transparent, 24mm, Croco, 50m	24	20.00	480.00
5	pack	ENVELOPE, DOCUMENTARY Legal, united, box, 500pcs	1	1,250.00	1,250.00
6	pack	FOLDER white A4, 50 pcs./pack	5	325.00	1,625.00
7	pack	FOLDER white Legal, 50pcs/pack	5	350.00	1,750.00
8	pack	FOLDER with tab, A4 , 50pcs/pack	6	325.00	1,950.00
9	pack	FOLDER with tab, legal, 50pcs/pack	6	350.00	2,100.00
10	box	PAPER CLIP, vinyl/plastic coated, 33mm, TM	12	10.00	120.00
12	ream	PAPER, MULTICOPY A4, IK-One	50	192.00	9,600.00
14	cart	INK CARTRIDGE, EPSON (T6641), Black , genuine	12	330.00	3,960.00
18	piece	GLUE STICK (small diameter), lava	60	5.00	300.00
20	roll	TAPE transparent/Scotch tape , 2" , Croco, 50m	12	30.00	360.00
21	pack	STICKER PAPER, Joy	12	38.00	456.00
22	piece	LOAD CARDS(500), smart/TM	8	550.00	4,400.00
23	piece	INTERNET LOAD CARDS (100), smart/globe	30	110.00	3,300.00
			Total Amount:		33,691.00
(Total Amount in Words)		Thirty three thousand six hundred ninety one pesos.			
<p>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.</p>					
Conforme:		Very truly yours,			
 Signature over Printed Name of Supplier		 Signature over Printed Name of Authorized Official SCHOOL PRINCIPAL Designation			
_____ Date					
Fund Cluster : MOOE		ORS/BURS No. : _____			
Funds Available : _____		Date of the ORS/BURS: _____			
_____ Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit		Amount : _____			