
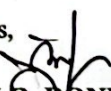


**PURCHASE ORDER**  
DEPED, DIVISION OF OZAMIZ CITY

Supplier : <b>KEEDEE OFFICE SUPPLIES TRADING</b>		P.O. No. : 2025-02-005			
Address : <b>OZAMIZ CITY</b>		Date : February 12, 2025			
TIN : <b>306-794-052-0001</b>		Mode of Procurement : Shopping			
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery : <b>SANCHO V. CAPA IS</b>		Delivery Term : Free Delivery			
Date of Delivery : 1-5 Calendar days after receipt of PO by the supplier		Payment Term : COD			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
1	piece	Table, folded, 6ft	1	4,450.00	4,450.00
2	piece	Medicine Cabinet	13	495.00	6,435.00
3	piece	Tooth brush	300	15.00	4,500.00
4	piece	Tooth paste, big	20	100.00	2,000.00
5	piece	Tooth paste, big	20	100.00	2,000.00
6	ream	Laminating film, A4, 250 micron, 100's	1	1,000.00	1,000.00
7	box	Floorwax, red dye	280	23.00	6,440.00
8	piece	Dry Seal	1	3,900.00	3,900.00
9	piece	Trash bin, big	12	795.00	9,540.00
10	piece	Tub with cover, black, big	1	645.00	645.00
11	piece	Steel 3 Layer Lateral Cabinet, with central lock	1	13,000.00	13,000.00
12	bottle	Epson Ink, 003, black	28	290.00	8,120.00
13	bottle	Epson Ink, 003, cyan	14	300.00	4,200.00
14	bottle	Epson Ink, 003, yellow	14	300.00	4,200.00
15	bottle	Epson Ink, 003, magenta	14	300.00	4,200.00
16	pack	Specialty Paper, short, 180gsm, 10's	14	34.00	476.00
			<b>Total Amount:</b>	<b>75,106.00</b>	
<b>(Total Amount in Words)</b>		<b>Seventy Five Thousand One Hundred Six Pesos Only</b>			
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,			
 <b>DEBBIE E. OLMIGUEZ</b> Signature over Printed Name of Supplier <u>02-19-2025</u> Date		 <b>JOVY Q. BONITA</b> Signature over Printed Name of <b>PRINCIPAL II</b> Designation			
Fund Cluster : _____			ORS/BURS No. : _____		
Funds Available : _____			Date of the ORS/BURS: _____		
Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit			Amount : _____		