

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 : JCF TECHNOLOGIES, INC. (BENTAN MARKETING) | P.O. No. : 2025-02-ES02        |
| Address : OZAMI CITY                                 | Date : 02/8/2025               |
| TIN : 425 - 638 - 013 - 0000                         | Mode of Procurement : SHOPPING |

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

|   |                                   |
|---|-----------------------------------|
| Place of Delivery : JACINTO NEMENO INTEGRATED SCHOOL - ES   | Delivery Term : PICK - UP         |
| Date of Delivery : WITH IN 20 DAYS AFTER PRESENTMENT OF P.O | Payment Term : CASH UPON DELIVERY |

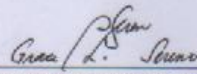
| Stock/<br>Property<br>No. | Unit | Description  | Quantity | Unit Cost | Amount          |
|---------------------------|------|--|----------|-----------|-----------------|
| 1                         | unit | PRINTER Eco Tank All-in-One Ink Tank (print,scan,copy),<br>No wifi - EPSON L3210 | 1        | 9,300.00  | 9,300.00        |
| <b>TOTAL</b>              |      |  |          |           | <b>9,300.00</b> |

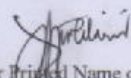
(Total Amount in Words)

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,

  
 \_\_\_\_\_  
 Signature over Printed Name of Supplier  
 \_\_\_\_\_  
 2/18/2025  
 Date

  
 \_\_\_\_\_  
 Signature over Printed Name of Authorized Official  
 JORENDA P. SOLITARIO  
 Designation

|   |                             |
|---|-----------------------------|
| Fund Cluster : REGULAR MOOE   | ORS/BURS No. : _____        |
| Funds Available : _____   | Date of the ORS/BURS: _____ |
| Signature over Printed Name of Chief Accountant/Head of Accounting<br>Division/Unit | Amount : _____              |