

PURCHASE ORDER
DEPED, DIVISION OF OZAMIZ CITY

Supplier : KEEDEE OFFICE SUPPLIES TRADING		P.O. No. : 2025-03- 0010			
Address : OZAMIZ CITY		Date : 3/10/2025			
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 : Ozamiz City Central School		Delivery Term :	Free delivery		
Date of Delivery : 3/17/25		Payment Term :	COD		
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
1	roll	Laminating Film, yasen 9" 100 meters	8	1,200.00	9,600.00
2	piece	Laminating Machine heavy duty, quaff, w/adjustable punching holes, A4	1	4,750.00	4,750.00
3	set	Smart TV, 40", TCL	2	15,000.00	30,000.00
4	piece	Trampoline, premium, 40", educrate	1	4,000.00	4,000.00
5	piece	Steel Cabinets (for IMs storage), steelmate, vertical 4 layers	1	9,900.00	9,900.00
6	piece	Steel Cabinet (for Filing Learners' Data) with 4 drawers, steelmate, vertical 4 layers	1	9,900.00	9,900.00
7	piece	Epson Printer, epson L121	1	6,500.00	6,500.00
8	set	Wooden Puzzles	20	175.00	3,500.00
9	set	Kitchen knife (different sizes), eurochef	2	575.00	1,150.00
10	piece	Grass Cutter	3	450.00	1,350.00
11	piece	Shovel, creston	3	550.00	1,650.00
12	piece	Hammer. ingco	2	350.00	700.00
xxxx nothing follows xxxx					
			Total Amount:		83,000.00
(Total Amount in Words)		Eighty Three Thousand Pesos only.			
<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>					
<p>Conforme:</p> <p style="text-align: center;"><i>Keedee Office Supplies Trading</i> 09173112213</p> <p>Signature over _____ Printed Name of Supplier</p> <p style="text-align: center;">3/10/25 Date</p>			<p>Very truly yours,</p> <p style="text-align: center;">EUGENIO C. BUCOG Signature over Printed Name of Authorized Official SCHOOL HEAD Designation</p>		
<p>Fund Cluster : _____</p> <p>Funds Available : _____</p> <p>Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit</p>			<p>ORS/BURS No. : _____</p> <p>Date of the ORS/BURS: _____</p> <p>Amount : _____</p>		