



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 : <u>MERCH.</u> Address : <u>OZAMIZ CITY</u> TIN : <u>124 - 965 - 200 - 0001</u> | P.O. No. : <u>2025-05-JS01-03</u> Date : <u>05/11/2025</u> Mode of Procurement : <u>SHOPPING</u> |
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Gentlemen:

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

| | |
|--|--|
| Place of Delivery : <u>CRUZ LANSADO SALIGAN INTEGRATED SCHOOL</u> Date of Delivery : <u>WITH IN 15 DAYS</u> presentment of P.O. | Delivery Term : <u>PICK - UP</u> Payment Term : <u>CASH UPON DELIVERY</u> |
|--|--|

| Stock/ Property No. | Unit | Description | Quantity | Unit Cost | Amount |
|---------------------------|--------|-------------------|----------|-----------|----------|
| 1 | bottle | GLUE, all-purpose | 13 | 55.00 | 715.00 |
| 2 | piece | BALLPEN | 48 | 7.00 | 336.00 |
| TOTAL | | | | | 1,051.00 |

(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:

AMIZ KRISTAN EDUCATIONAL SUPPLY & GEN. MERCH.
Signature over Printed Name of Supplier
090521-42

Date

Very truly yours,

EMELITO C. VIERNES

Signature over Printed Name of Authorized Official

SCHOOL HEAD

Designation

| | |
|--|---|
| Requisition Office Department: Property Custodian | ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____ |
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