



PURCHASE ORDER
BUREAU OF THE TREASURY
 Intramuros, Manila
 Telefax No.: 524-7008

Appendix 61

Supplier : ACCESSORIES AND SUPPLIES DEPOT INC. Address : 110 Labo St., Brgy. Salvacion, La Loma, Quezon City Contact No.: 8514-8562 Fax No. : - TIN: 005-679-268-000	P.O. No. : 2023-03-0059 Date : March 20, 2023 Mode of Procurement : Shopping
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Gentlemen:
 Please proceed with the Supply and Delivery of Inks for Various Epson Printers in the amount of Php 57,233.00 (VAT inclusive) following the terms and conditions stated herein:

Place of Delivery : Ayuntamiento Building, Intramuros, Manila			Delivery Term: Fifteen to Thirty (15 to 30) working days upon receipt of Approved Purchase Order		
Date of Delivery : -			Payment Term : 30 days		
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	bottles	INK , Epson Y100, black, original/genuine 001 black	10	448.88	4,488.80
	bottles	INK , Epson Y200, cyan, original/genuine 001 cyan	10	294.88	2,948.80
	bottles	INK , Epson Y300, magenta, original/genuine 001 magenta	10	294.88	2,948.80
	bottles	INK , Epson Y400, yellow, original/genuine 001 yellow	10	294.88	2,948.80
	bottles	INK , Epson T06G100, black, original/genuine 008 black	15	859.88	12,898.20
	bottles	INK , Epson T06G200, cyan, original/genuine 008 cyan	15	688.88	10,333.20
	bottles	INK , Epson T06G300, magenta, original/genuine	15	688.88	10,333.20
	bottles	INK , Epson T06G400, yellow, original/genuine 008 yellow	15	688.88	10,333.20
		---Nothing Follows---			
TOTAL					₱57,233.00

(Total Amount in Words) **FIFTY SEVEN THOUSAND TWO HUNDRED THIRTY THREE PESOS AND (00/000)**

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

 Date

ATTY. RAYMUNDO U. TAN (Sgd.)

 Signature over Printed Name of Authorized Official
 OIC, Administrative Service
 Designation

Fund Cluster : _____
Funds Available : _____
ROWENA R. GAMBA (Sgd.)
 Signature over Printed Name of Chief Accountant/Head of
 Accounting Division/Unit

ORS/BURS No. : _____
Date of the ORS/BURS: _____
Amount : _____