



Funding the Republic

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



Supplier : ACCESSORIES AND SUPPLIES DEPOT INC.		P.O. No. : 2024-12-0206			
Address : 110 Labo St., Brgy. Salvacion, Quezon City		Date : December 27, 2024			
Contact No.: 559-4795, 559-4941		Mode of Procurement : Shopping			
Email Add.: sales@asdi.ph					
TIN: 005-679-268-000					
Gentlemen: Please proceed with the Supply and Delivery of Various Epson Consumables in the amount of Php35,642.80 (VAT inclusive) following the terms and conditions contained herein:					
Place of Delivery : Ayuntamiento Building, Intramuros, Manila		Delivery Term: Within Thirty (30) calendar days from the receipt of approved PO			
Date of Delivery: -		Payment Term : 30 days			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	lot	SUPPLY AND DELIVERY OF VARIOUS EPSON CONSUMABLES , composed of the following:	1	-	-
	bottles	INK , Epson T03, Y100, black, genuine and original	20	461.38	9,227.60
	bottles	INK , Epson T03, Y200, cyan, genuine and original	20	294.76	5,895.20
	bottles	INK , Epson T03, Y300, magenta, genuine and original	20	294.76	5,895.20
	bottles	INK , Epson T03, Y400, yellow, genuine and original	20	294.76	5,895.20
	pieces	MAINTENANCE BOX , for Epson Printer, T04D1, genuine and original	20	436.48	8,729.60
		---Nothing Follows---			
		Reference: PR No. 2024-12-0446 For the PSMD			
		TOTAL			35,642.80
(Total Amount in Words): THIRTY-FIVE THOUSAND SIX HUNDRED FORTY-TWO PESOS AND (80/100)					
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		<u>ATTY. RAYMUNDO U. TAN (Sgd.)</u> Signature over Printed Name of Authorized Official			
_____ Date		Director III, Administrative Service Designation			
Fund Cluster : _____ Funds Available : _____ <u>ROWENA R. GAMBA (Sgd.)</u> Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit			ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____		