FAD-ASD-2018-0018

PURCHASE ORDER

PRESIDENTIAL COMMISSION ON GOOD GOVERNMENT

SUPPLIER : MOSTACO MARKETING	P.O. No. : **2024-0100**
ADDRESS : 68a LALAINE Bennet St., BF Resort Vilalge Las Pinas City	Date : April 18, 2024
TIN : 915-524-116-00000	Mode of Procurement : Shopping

Gentlemen:

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

Place of Delivery : flr., The JMT bldg Corporate condominium 27 ADB ave., Ortigas C	Delivery Term : free delivery
Date of Delivery : 15 days upon receipt of PO.	Payment Term : **30 days**

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	box	**Fastener metal**	20	42.00	840.00
	pcs	**Flash Drive, 16gb**	10	174.00	1740.00
	can	**Insecticide, aerosol type 600ml**	36	304.00	10944.00
	pcs	**Marker, Florescent(Stabilo assorted color)**	100	42.00	4200.00
	pcs	**Marker Permanent black**	15	12.00	180.00
	pcs	**Marker Permanent Blue**	10	12.00	120.00
	pcs	**Marker, Whiteboard Black**	10	15.00	150.00
	pcs	**Marker, Whiteboard Blue**	10	15.00	150.00
	box	**Paper Clip,vinyl/plastic coated, 33mm**	30	9.00	270.00
	ream	**Paper Copy Legal 70gsm**	100	192.00	19200.00
	ream	**Paper Copy A4 70gsm**	100	169.00	16,900.00
	pcs	**Sign Pen Black**	90	15.00	1350.00
	pcs	**Sign Pen Blue**	95	15.00	1425.00
	pcs	**Staple Standards**	4	87.00	348.00
	roll	**Tape masking 24mm**	20	27.00	540.00
	roll	**Tape Packaging 48 mm**	95	22.00	2090.00
	roll	**Tape Transparent 48mm**	45	22.00	990.00
Amount in words: Sixty-One Thousand Four Hundred Thirty Seven Pesos Only					**Php61,437.00**

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 everyday o
shall be imposed on the undelivered item/s.

Very truly yours,

STEPHEN P. TANCHULING
OIC, Finance and Admin. Department

Conforme:

Signature over Printed Name of Supplier

Date

KIM SARAH JANE REMBULAT
OIC, Admin. Services Division

Fund Cluster : _____

Funds Available : _____

RAQUEL B. DE LA CRUZ
Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit

ORS/BURS No. : _____

Date of the ORS/BURS: _____

Amount : _____