

# PURCHASE ORDER

## CITY OF CALAPAN

82/P-8

Supplier: <u>J &amp; R DIGITAL PRINTING SERVICES</u>	P.O. No.: _____
Address: <u>Calapan City</u>	Date: _____
TIN: <u>446-814-278</u>	Mode of Procurement: <u>SMALL VALUE</u>
PR No./s: _____	

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

Place of Delivery: <u>Calapan City</u>	Delivery Term: <u>FOB Destination</u>
Date of Delivery: <u>within seven (7) days upon receipt of P.O.</u>	Payment Term: <u>N/60</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
1	rms	Risograph of Membership Form	30	410.00	12,300.00
2	rms	Risograph of Claim Form 1	28	410.00	11,480.00
3	rms	Risograph of Claim Form 2	28	410.00	11,480.00
4	rms	Risograph of Hospital Clearance Form	28	410.00	11,480.00
5	rms	Risograph of Drugs & Medicine Form	28	410.00	11,480.00
6	rms	Risograph of eyeglasses for, for Senior Citizen and PWD	28	410.00	11,480.00
7	rms	Risograph form for Laboratory Procedure	30	410.00	12,300.00
					82,000.00

**(Total Amount in Words) EIGHTY TWO THOUSAND PESOS ONLY**


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,

J & R DIGITAL PRINTING SERVICES  
Signature over Printed Name of Supplier

\_\_\_\_\_  
Date

  
**MARILOU F. MORILLO**  
City Mayor

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)

Approved per Sanggunian Resolution No.: \_\_\_\_\_

Certified Correct: \_\_\_\_\_

\_\_\_\_\_  
Secretary to the Sanggunian

\_\_\_\_\_  
Date