



Republic of the Philippines  
**DEPARTMENT OF NATIONAL DEFENSE**  
**OFFICE OF CIVIL DEFENSE VII**  
 Labrador Bldg., N. Bacalso Ave., Sambag 1, Cebu City  
 Tel. Nos. (032) 410-6451, 410-6452, 253-8730

**PURCHASE ORDER**

OFFICE OF CIVIL DEFENSE RC VII

**Entity Name**

Supplier: <b>RJP DIGITAL PRINTS</b> Address : Tres de Abril, Punta Princesa, Cebu City TIN : 201-513-102-000	P.O. No : 2020-10-005 Date : 10/30/2020 Mode of Procurement: <b>53.9</b>
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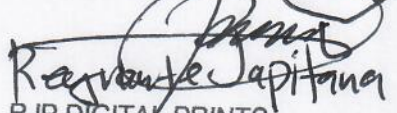
Gentlemen:  
 Please furnish this Office the following articles subject to the terms and conditions contained herein:

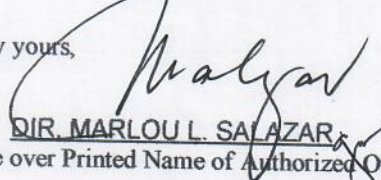
Place of Delivery : Office of Civil Defense Region VII Date of Delivery : Ten (10) Days upon receipt of Notice To Proceed (NTP)	Delivery Term : _____ Payment Term : 15 days from received of SOA
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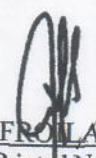
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	Pieces	<b>Polo Shirt</b> <b>Specification:</b> Sublimation t-shirt printing RDRRMC Logo and words at the back Philippine Flag at the right sleeve RDRRMC Logo at the left chest and right side Color: Blue	81	750.00	60,750.00
	Pieces	Round neck Shirt <b>Specification:</b> Color White RTF7 Logo/word at the right sleeve RDRRMC Logo at the left sleeve With Design at the front and back of the shirt	60	600.00	36,000.00

**(Total Amount in Words): Ninety-Six Thousand Seven Hundred Fifty Pesos** **96,750.00**

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 every day of delay shall be imposed on the undelivered item/s

Conforme:  
  
**Regente Capitana**  
 RJP DIGITAL PRINTS  
 Signature over Printed Name of Supplier  
10-30-20  
 Date

Very truly yours,  
  
**DIR. MARLOU L. SALAZAR**  
 Signature over Printed Name of Authorized Official  
**Regional Director, OCD7**  
 Designation

Fund Cluster : \_\_\_\_\_  
 Fund Available : \_\_\_\_\_  
  
**ALLEN FROILAN O. CABARON II**  
 Signature over Printed Name of Special Disbursing Officer  
 Accounting Division/Unit

ORS/BURS No. : \_\_\_\_\_  
 Date of the ORS/BURS : \_\_\_\_\_  
 Amount : \_\_\_\_\_