



Republic of the Philippines
 Department of National Defense
OFFICE OF CIVIL DEFENSE VI
 Camp Gen. Martin Teofilo B. Delgado, Fort San Pedro, Iloilo City
 TELEFAX: (033) 337-6671/336-9353 EMAIL ocdrc6@gmail.com

PURCHASE ORDER

Supplier : <u>SJL Corporation</u>	P.O. No. <u>2020-11-0036</u>
Address : <u>Marymart Mall, Maryville Bldg., Delgado St., Iloilo City</u>	Date : <u>DEC 10 2020</u>
TIN : _____	Mode of Procurement : _____

Gentlemen:

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

Place of Delivery : _____	Delivery Term : _____
Date of Delivery : _____	Payment Term : _____

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
		Production of Acrylic Partition for Workstations at the Emergency Operations Center during COVID-19 pandemic			
	pc		15		
		Specifications: 5.5 mm thickness acrylic plastic barrier with stand and installation Can be used in a plastic table and movable			
		Other Requirements: 1. Goods must be delivered in good condition and according to the required specifications on or before December 23, 2020 in OCD 6, Emergency Operations Center, Esperanza Building, South Fundidor, Molo, Iloilo City. 2. All quoted prices are inclusive of applicable taxes, duties and all other services. 3. Exhibits professional ambience; must satisfy the requirements of the OCD-RDRRMC concerned.* 4. Supplier must accept a Send Bill Policy in the payment of services* 5. The company should have been in the business for a minimum of two (2) years.* 6. Supplier must submit sample on each items before mass production			
		SEND BILL Policy			

Estimated Amount	P 98,000.00
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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:



Signature over Printed Name of Supplier

DEC 10 2020

Date

Very truly yours,

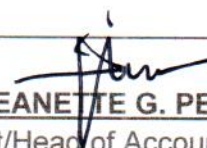


JOSE ROBERTO R. NUÑEZ

Regional Director

Fund Cluster : _____

Funds Available : _____


JEANETTE G. PETALINO

Accountant/Head of Accounting Division/Unit

ORS/BURS No. : _____

Date of the ORS/BURS: _____

Amount : _____