



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

PURCHASE ORDER

OFFICE OF CIVIL DEFENSE RC VII
Entity Name

Supplier: JOYO MARKETING INC. Address : 11 th Floor, LUYM Building, Plaridel St., cor. Osmeña Blvd. Cebu City TIN : 739-237-093-000	P.O. No : 2021-03-022 Date : 04/03/2021 Mode of Procurement : 52.1b (Shopping)
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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 : 5 Calendar 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
		Procurement of Semi-ICT Equipment			
	Unit	3-In-1 Printer, Continuous Flow	4	8,965.00	
	Piece	Presentation Clicker	4	695.00	35,860.00
	Piece	External Hard Drive, 1TB, 2.5" HDD, USB 3.0	9	2,995.00	2,780.00
	Piece	Flash Drive, 16 GB Capacity	30	320.00	26,955.00
		Supplier Must: Provide brand new items Must install necessary appurtenances and test run the unit/s Provide free service and warranty Delivery Site: OCD Regional Office 7, Sambatag 1, N. Bacalso Ave., Cebu City Delivery Schedule: 5 Calendar Days upon receipt of NTP			9,600.00

Payment:

Must accept SEND BILL policy as payment

*Other government terms and policies apply.

(Total Amount in Words): Seventy-Five Thousand One Hundred Ninety-Five Pesos Only **75,195.00**

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:

JOYO MARKETING INC.
 Signature over Printed Name of Supplier
 4/3/2021
 Date

Very truly yours,

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

Fund Cluster : _____
 Fund Available : _____

DIANE M. TRUZ
 Signature over Printed Name of Special Disbursing Officer
 Accounting Division/Unit

ORS/BURS No. : _____
 Date of the ORS/BURS : _____
 Amount : _____