

PURCHASE ORDER
DepEd Division of Tangub City
 Entity Name

Supplier : <u>Goshen Homecare Furnishing, Inc.</u> Address : <u>Ozamiz City</u> TIN : _____	P.O. No. : <u>0919040</u> Date : <u>9-18-2019</u> Mode of Procurement : _____
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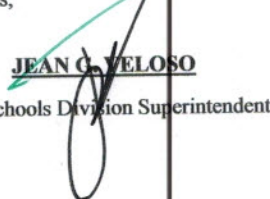
Gentlemen:
 Please furnish this Office the following articles subject to the terms and conditions contained herein:

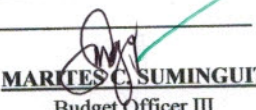
Place of Delivery : _____ Date of Delivery : _____	Delivery Term : _____ Payment Term : _____
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Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
1	set	Table and Chair (1148 & 898A)	11	18,181.00	199,991.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
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					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
199,991.00					

(Total Amount in Words) One hundred Ninety Nine thousand, Nine hundred, Ninety One.

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: <div style="text-align: center; margin-top: 20px;">  Signature over Printed Name of Supplier </div> <hr style="width: 20%; margin: 10px auto;"/> Date	Very truly yours, <div style="text-align: center; margin-top: 20px;">  JEAN C. VELOSO OIC-Schools Division Superintendent </div>
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Fund Cluster : _____ Funds Available : _____ <div style="text-align: center; margin-top: 20px;">  MARITES C. SUMINGUIT Budget Officer III </div>	ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____
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