



PURCHASE ORDER / NOTICE TO PROCEED

SUPPLIER: BUSINESS MACHINES CORPORATION Carson Bldg., 1888 Orense St. Guadalupe Nuevo, Makati City TEL./FAX NO. 09175786636	P.O. No. : 20-096
	Date : OCT 29 2020
	End User : GUAGUA BRANCH
	P.R. No. : 20-008A

Please supply the Development Bank of the Philippines with the following:


DESCRIPTION	QTY.	UNIT PRICE	TOTAL PRICE
SUPPLY, DELIVER AND TESTING OF: HEAVY DUTY PAPER SHREDDER AT GUAGUA BRANCH	1 UNIT	42,888.00	42,888.00
TOTAL:			42,888.00
Mode of Purchase: Small Value Procurement		Brand: KOBRA	
Terms of Payment: MC / 100% payment upon delivery		Country of Origin:	

Subject to the following conditions:

1. Delivery must be within 30 calendar days upon receipt of PO/NTP.
 2. The above prices are inclusive of VAT.
 3. For every day of delay, 1/10 of 1% of the price of the undelivered quantity will be deducted from the total price.
 4. Items delivered are subject to inspection and acceptance prior to payment.
- When requesting payment, please present your

5. bill in six (6) copies bearing your Tax Account Number, together with this Purchase Order.
6. Items are to be delivered at DBP Guagua Pamp.
7. If delivery cannot be completed within the specified date, please return this P.O. stating your reason (s) therefore. Otherwise, we will take necessary action to protect the interest of DBP.

PROCESSED:


ABBY HARRIET LENON
 CSA

CHECKED:


ARIANE T. NUQUI
 CASHIER

APPROVED:


VP FRANCIS THADDEUS L. RIVERA
 HEAD, BBG-CL / HEAD OF PROCURING ENTITY

We accept this Purchase Order with all its terms and conditions. We certify that we have not given nor do we intend to give any amount of money or gift in any form whatsoever to any official or employee of the DBP for the purpose of securing this P.O or having the payment hereof expedited. We understand and accept that such acts on our part shall constitute sufficient ground for the DBP to revoke this P.O and cause us to be excluded from further dealings with the Bank.

BUSINESS MACHINES CORPORATION

(Printed Name of Supplier / Contractor)
By: (Duly Authorized Representative)

Signature _____
 Printed Name _____
 Position _____
 Date _____