



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: RJMQ TRADING Address : 159 Saturn St., Tisa Hills, Brgy. Tisa Cebu City TIN : 318275370000	P.O. No : 2020-08-007 Date : 09/10/2020 Mode of Procurement : <u>53.2</u>
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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 : 10 Calendar Days upon receipt of NTP	Delivery Term : _____ Payment Term : 15 days from received of SOA
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Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	Units	Procurement of Portable Folding Beds (Camping bed) (ABC: 40,000.00) High-Density Military Grade Fabric, Color: Army Green/fatigue, Aluminum Rigid Type Folding with side pouch, Carrying Bag Standard/Regular Size Accessories or With: Pillow (fiber) Size: 15 X 26 Pillow Case , Sleeping Bag & Blanket (Standard Size) - RJMQ TRADING agreed a Send Bill Policy in the payment of services. -Both parties shall not be liable for failure to comply with this agreement due to force majeure including but not limited to labor disputes, natural disaster, or other causes beyond the control of both parties.	23	6,500.00	149,500.00


(Total Amount in Words): One Hundred Forty Nine Thousand Five Hundred Pesos Only. **149,500.00**

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:

RJMQ TRADING
 Signature over Printed Name of Supplier

 Date

Very truly yours,

DIR. MARLOU L. SALAZAR
 Signature over Printed Name of Authorized Official

 Regional Director, OCD7
 Designation

Fund Cluster : _____ Fund Available : _____  <u>ALLEN FROILAN O. CABARON II</u> Signature over Printed Name of Special Disbursing Officer Accounting Division/Unit	ORS/BURS No. : _____ Date of the ORS/BURS : _____ Amount : _____
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