

JOB ORDER

<p>1</p> <p>Supplier/Provider INNOVATION PRINTSHOPPE, INC.</p> <hr/> <p>Address Manila</p> <p>Tel./Fax No. 561-4427 / 563-1419</p> <p>TIN 004-591-735-000</p>	<p>2</p> <p>J. O. Number 201907-0120</p> <p>Date 19 July 2019</p> <p>P.R. No. 201906-0150 & 201907-0154</p> <p>Date 26 June 2019 and 8 July 2019</p> <p>Mode of Procurement NP - SVP</p>
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Gentlemen:

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

Lot No.	Qty	Unit	Item Description	Cost	
				Unit	Total
Procurement of Various Printing Requirements:					
1	100	reams	Printing of PCC A4 size Letterhead	462.90	46,290.00
	80	reams	Printing of PCC Long size Letterhead	561.90	44,952.00
	5000	pcs	Printing of Letter Envelope with PCC Letterhead	3.80	19,000.00
	3000	pcs	Printing of A4 size Envelope with PCC Letterhead	5.60	16,800.00
	2000	pcs	Printing of Legal size Envelope with PCC Letterhead	6.95	13,900.00
<i>Requirements as stated in the conformed Specifications</i>					
-----NOTHING FOLLOWS-----					

Amount in Words (Gross): One Hundred Forty Thousand Nine Hundred Forty Two Pesos	Total: *** ₱140,942.00 (**Subject to all applicables taxes)
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4 Place of Delivery: PCC Delivery Term: - Pick-up - Deliver w/in ___ calendar days from receipt of JO


Date of Delivery/Completion: **As stated in Specifications** Payment Term: - COD - w/in **15** days after delivery

Note: All materials replaced during the repair job shall be surrendered upon delivery of equipment to facilitate processing of payment. Unless otherwise indicated, the above terms and conditions are deemed accepted and form part thereof.

5 Penalty Provision:

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.

Very truly yours,

Conforms: <u>IVES KENNETH MALLARI</u> Supplier signature over printed name Date: _____	 <u>KENNETH V. TANATE, PhD</u> Executive Director and Head of Procuring Entity Date: _____
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6 Funds Available : _____	7 Amount : _____ ALOBS No.: _____ Date : _____
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