

**PURCHASE ORDER**  
**NATIONAL COMMISSION ON MUSLIM FILIPINOS**  
 Entity Name

General Services Division  
**PO No.: 2023-05-0007**

Supplier : JADEVINE Enterprises	P.O. No. : _____
Address : Unit A Orion St. Litex Village, Brgy. San Jose Rodriguez Rizal	Date : _____
TIN : 167-731-373-00	Mode of Procurement : _____

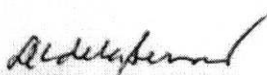
Gentlemen:  
 Please furnish this Office the following articles subject to the terms and conditions contained herein:

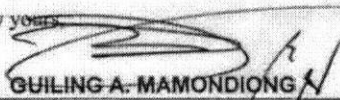
Place of Delivery : NCMF-Central Office	Delivery Term : _____
Date of Delivery : _____	Payment Term : _____


Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	bottle	EPSON INK, Refil 003 Black	200	260.00	P 52,000.00
	bottle	EPSON INK, Refil 003 Cyan	100	260.00	P 26,000.00
	bottle	EPSON INK, Refil 003 Magenta	100	260.00	P 26,000.00
	bottle	EPSON INK, Refil 003 Yellow	100	260.00	P 26,000.00
	bottle	INK BOTTLE code 673, Black	2	590.00	P 1,180.00
	bottle	INK BOTTLE code 673, Cyan	2	590.00	P 1,180.00
	bottle	INK BOTTLE code 673, Light Cyan	2	590.00	P 1,180.00
	bottle	INK BOTTLE code 673, Magenta	2	590.00	P 1,180.00
	bottle	INK BOTTLE code 673, Light Magenta	2	590.00	P 1,180.00
	bottle	INK BOTTLE code 673, Yellow	2	590.00	P 1,180.00
	pcs	FLASH DRIVE 8 GB (Cashier)	20	420.00	P 8,400.00
	pcs	ARCFILE A4 SIZE (standing)	200	180.00	P 36,000.00
	pcs	ARCFILE Legal size (standing)	200	218.00	P 43,600.00
	pcs	FLAGS (sign here)	100	200.00	P 20,000.00

(Total Amount in Words) **TWO HUNDRED FOURTY FIVE THOUSAND EIGHTY PESOS** P 245,080.00

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:  
  
**DIVINO O. DELA SERNA**  
 Signature over Printed Name of Supplier  
  
 May 12, 2023  
 Date

Very truly yours  
  
**GUILING A. MAMONDIONG**  
 Signature over Printed Name of Authorized Official  
  
 Secretary  
 Designation

Fund Cluster : \_\_\_\_\_  
 Funds Available : \_\_\_\_\_  
  
**SITTIE BAIZA AGURO**  
 Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit

ORS/BURS No. : \_\_\_\_\_  
 Date of the ORS/BURS: \_\_\_\_\_  
 Amount : \_\_\_\_\_