PR No.: NF 2501-0036 End-User: ORD-ICTMS

				DEVELOPI		

Regional Center Site, Rawis, Legazpi City, Albay

		PURCHASE ORDER					
Supplier:	10	PLDT INC.	PO. No.:	NF2025-0010			
Address:		Ilawod East Rizal St. Brgy. 15 Legazpi City	Date:	Janu	January 01, 2025		
Contact No.		09289651541	Mode of Procurement:	\	extension		
Gentlemen: Place of Delivery: Date of Delivery:		Please furnish this Office the following articles subject to the terms and conditions	Payment Term:	30-60 Calendar Days from Receipt of SOA/Billing As specified below			
		contained herein:	Delivery Term:				
		As indicated below As indicated below	For Delivery Sched Please Contact C.N		0963-698-4404		
Item No.	Unit	75 material scient	Quantity	Unit Cost	Amount		
	7 () () () () () () () () () (EXTENSION OF DEDICATED INTERNET CONNECTIVITY FOR DSWD OFFICE - POO ALBAY (January to March 2025)					
					-		
	months	DEDICATED INTERNET CONNECTIVITY	3 /	82,887.50	248,662.50		
	:	Specifications:		at word			
		Subscription Type: Dedicated / Leased Line	-	V			
		Internet Bandwith: ≥ 100mbps	- Panel		- 14 Mars 401-5		
		Must have at leagst fice (5) Usable Public IP Address	11,1-		1		
	i .	Subscribed lines should be fully fiber optic from ISP to the last mile.		Fre a C	2025		
	-	24x7 Help Desk Support Services	Harle	LER 12	CLU THE I		
		IPv6 compliant.	\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Company of the state of the state of	manage of James be		
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		Contract Management Section			-		
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	,ē	n: 2-18-25 Date Time: 3:46			-		
		Out: Date/Time:			-		
		Extraction of the contract of			-		
Total Amount in Words:		Two Hundred Forty Eight Thousand Six Hundred Sixty Two Pesos and Fi	ifty Centavos/	GRAND TOTAL	248,662.50		
LIQUIDAT	ED DAMAG	ES: One-Tenth Of One Percent (0.001) of the cost of the unperformed portion of the contract j	for every day of del	ay. Once the cumu	lative amount of liquidated		
damages .	reaches ten	percent (10%) of the amount of the contract, the DSWD FOV may rescind or terminate the co	ntract, without prej	judice to other cou	rses of action and remedies		
available	under the ci	rcumstances.			1		
Con	forme						
Conforme: NORMAN S. LAU							
	ector						
		5					
		Signature over Printed Name of Supplier Date:					
Funds	ht on	sht in					
		WENT OF BANGES	ORS No.:	ORS No.: 25-01 -00617 Amount: 248, 662 37			
		WENDY G. RANCES					
	,	Accountant III	Amount:				