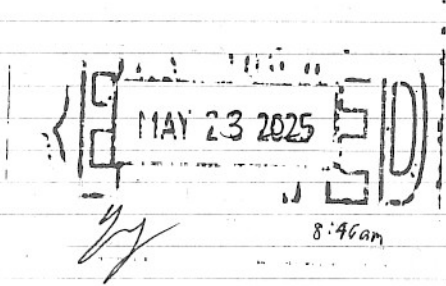


DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT FIELD OFFICE V

Regional Center Site, Rawis, Legazpi City, Albay

CALL-OFF-ORDER

Supplier:	<b>NEED INK SALES &amp; SERVICES</b>	PO. No.:	<b>COO#2025-005-012</b>
Address:	Optium One Bldg. S. Osmeria St., YLA Basak, Lapu Lapu City Cebu	Date:	<b>APRIL 28, 2025</b>
Contact No.		Mode of Procurement:	<b>PUBLIC BIDDING UNDER FRAMEWORK AGREEMENT</b>
Gentlemen:	Please furnish this Office the following articles subject to the terms and conditions contained herein:	Payment Term:	<b>30-60 Calendar Days from Receipt of SOA/Billing</b>
Place of Delivery:	<b>DSWD FO V, Rawis, Legazpi City</b>	Delivery Term:	<b>As specified below</b>
Date of Delivery:	<b>15 Calendar days from Receipt of call-Off</b>	For Delivery Schedule and Queries Please Contact C.M.U:	<b>0963-698-4404</b>

Item No.	Unit		Quantity	Unit Cost	Amount
<b>PURCHASE OF OFFICE SUPPLIES FOR USE OF PROCUREMENT SECTION</b>					
Cart.		<b>Pantum Toner PC 210</b>	30	2,682.00	80,460.00
Cart.		<b>Pantum Toner PC TL-410K</b>	2	4,482.00	8,964.00
					
The Supplier/Contractor acknowledges and agrees that any acts falling under Section 65 (Offenses and Penalties) and Section 69 (Imposition of Administrative Penalties and Blacklisting) of the Implementing Rules and Regulations (IRR) of Republic Act No. 9184 (Government Procurement Reform Act), as well as other relevant procurement laws and regulations, shall subject the Supplier/Contractor to blacklisting, administrative, civil, and/or criminal liabilities in accordance with applicable laws and regulations.					
Total Amount in Words:	Eighty Nine Thousand Four Hundred Twenty Four Pesos and No Centavos			GRAND TOTAL	<b>89,424.00</b>

LIQUIDATED DAMAGES: One-Tenth Of One Percent (0.001) of the cost of the unperformed portion of the contract for every day of delay. Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, the DSWD FOV may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances.

Conforme:

**NEED INK SALES & SERVICES**

Signature over Printed Name of Supplier

Date: **5-22-25**

**NORMAN S. LAURIO**

Regional Director

Funds Available:

**WENDY G. RANCES**

Accountant III

ORS No.:

**25-05-04592**

Amount:

**89,424.00**