

Regional Center Site, Rawis, Legazpi City, Albay

Supplier:		GOLDEN CIRCLE ENTERPRISES	PO. No.:	COO#2025-001-016	
Address:		110 PEÑARANDA ST. LEGAZPI CITY	Date:	May 27, 2025	
Contact No.			Mode of Procurement:	PUBLIC BIDDING UNDER FRAMEWORK AGREEMENT	
Gentlemen:		Please furnish this Office the following articles subject to the terms and conditions contained herein:	Payment Term:	30-60 Calendar Days from Receipt of SOA/Billing	
			Delivery Term:	One-Time Full Delivery	
Place of Delivery:		DSWD FO V, Rawis, Legazpi City	For Delivery Schedule and Queries		0963-698-4404
Date of Delivery:		15 Calendar days from Receipt of call-Off	Please Contact C.M.U:		
Item No.	Unit		Quantity	Unit Cost	Amount
		PURCHASE OF OFFICE SUPPLIES FOR <i>NHTS</i> OFFICE SUPPLY USE			-
	Box	PAPER CLIP, vinyl/plastic coated, 33mm	16	8.00	128.00
	Box	PAPER CLIP, vinyl/plastic coated, jumbo, 50mm	16	19.00	304.00
	Piece	BALLPEN additional specs: ball pointpen, 0.5mm, good quality, black	314	4.00	1,256.00
		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:		One Thousand Six Hundred Eighty Eight Pesos and No Centavos		GRAND TOTAL	1,688.00

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:

MANILYN L. BECHAYDA
OFFICE STAFF

GOLDEN CIRCLE ENTERPRISES

Signature over Printed Name of Supplier

Date: _____

NORMAN S. LAURIO

Regional Director

Funds Available:

WENDY G. RANCES

Accountant III

ORS No.:

Amount: