



Republic of the Philippines
ZAMBOANGA CITY WATER DISTRICT
 Zamboanga City

PURCHASE ORDER (PO)

| | | | |
|---------------|--|-------------|------------------------|
| Supplier | : <u>LENIN COMPUTER SYSTEMS, INC.</u> | P.O. No. | : <u>14452</u> |
| Address | : <u>Vitaliano Agan Ave., Zamboanga City</u> | Date | : <u>7/1/2021</u> |
| Email address | : | Mode of | : |
| Telephone No. | : <u>993-7535/ 09178939891</u> | Procurement | : <u>Negotiated</u> |
| TIN | : | Procurement | : <u>(Small Value)</u> |

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

| | | | |
|-------------------|--|---------------|----------------|
| Place of Delivery | : <u>Property Section, ZCWD Motorpool, Pasonanca, Z.C.</u> | Delivery Term | : <u>45-CD</u> |
| Date of Delivery | : | Payment Term | : |

| STOCK NO. | ITEM # | DESCRIPTION | QTY. | UOM | UNIT COST | AMOUNT |
|---------------|--------|---|------|-----|----------------|----------------|
| 10005030 K | 1 | SERVER MACHINE (For Offsite) (See attached Specification Sheet: SPECS-MISD-2021-04-004) BRAND & MODEL OFFERED: LENOVO THINKSYSTEM SR550 xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx (Details Attached) Purpose: For office use, offsite backup machine. Note: Delivery of Items/Units must be accompanied with Original Copy of P.O., Charge Invoice or Credit Invoice for reference. Price Validity: 120 CD Payment Terms: No COD | 1 | set | Php 466,400.00 | Php 466,400.00 |

Total Amount in Words FOUR HUNDRED SIXTY SIX THOUSAND FOUR HUNDRED PESOS Php 466,400.00

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one (1%) percent for every day of delay shall be imposed.

Very truly yours,

Digitally signed by
 Vasquez Leonardo
 Rey Dimaguila
 LEONARDO REY VASQUEZ
 General Manager

Conforme :

 Signature over Printed name of Supplier

 Date

Funds Available :

LUIS A. WEE

DMA - Accounting & Treasury Department

| | | |
|------------|---|-------------------|
| ALOBS No. | : | |
| Amount | : | |
| P.R. No. | : | <u>21-0061</u> |
| Date of PR | : | <u>04/12/2021</u> |

This form should be prepared in 5 copies. Copy 1 - Original to be attached to Voucher for payment; Copy 2 - Accounting Section;
 Copy 3 - BAC; Copy 4 - End Users; Copy 5 - File.