

SENATE OF THE PHILIPPINES

Supplier : Electroworld Inc.	P.O. No: 20 07 038
Address : 2F Electroworld Cyberzone, Mall of Asia, Pasay City	Date: July 02, 2020
Tel No. : (02) 556-0119 / 09285009943	Mode of Procurement: Emergency Purchase
TIN : 000-050-043-057	Reference P.R. No: 20-06-213

Attention : **Please acknowledge receipt of faxed P.O. and refax it to Telefax No. 552-6604 loc. 4262 or 552-6815. Thank You.**

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

Place of Delivery: SENATE OF THE PHILIPPINES, GSIS BLDG. ROXAS BLVD., PASAY CITY	Delivery Term: Government Terms
Date of Delivery: _____	Payment Term: CASH / CHECK
	Warranty: IMMEDIATE

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
1	UNIT	COMPUTER, NOTEBOOK/LAPTOP <i>Specifications:</i> 15.6-inch FHD display (1920x1080) Intel Core i5 (10th Gen) Processor (6MB Cache, up to 3.6 GHz) 4GB Memory 1TB HDD 802.11ac 1x1 WiFi and Bluetooth USB 3 port Latest proprietary operating system (OS) compatible with existing Senate OS One year warranty on parts and labor <i>Offer: Dell Inspiron 3593 i5</i>	6	Php 32,990.00	Php 197,940.00



Page 1 of 1 **Grand Total: Php 197,940.00**

(Total amount in words) **ONE HUNDRED NINETY SEVEN THOUSAND NINE HUNDRED FORTY PESOS ONLY**

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: _____ Very truly yours: _____

Signature over Printed Name of Supplier Atty/ Phillip D. Sawali
Chief of Staff

_____ Date _____

Fund Cluster: _____	ORS/BURS No.: _____
Funds Available: _____	Date of the ORS/BURS: _____
Signature over Printer Name of Chief Accountant	Amount: _____

Remarks: _____ **20 07 038**

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Place of Delivery: SENATE OF THE PHILIPPINES, GSIS BLDG. ROXAS BLVD., PASAY CITY	Delivery Term: <u>GOVERNMENT TERMS</u>
Date of Delivery:	Payment Term: <u>CASH / CHECK</u>
	Warranty: <u>WARRANTY</u>

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Conforme: _____ Very truly yours: _____

Signature over Printed Name of Supplier: DANIEL P. SORIANO Atty/Phillip D. Sawali
 Chief of Staff

Date: _____

Fund Cluster: _____	ORS/BURS No.: _____
Funds Available: _____	Date of the ORS/BURS: _____
Signature over Printer Name of Chief Accountant: _____	Amount: _____

Remarks: _____

20 07 038