



PURCHASE ORDER

Supplier: AXZILY CONSUMER GOODS TRADING P. O. No. RAF-101-2025-02-037
 Address: Butuan City Date: March 3, 2025
 TIN: _____ Mode of Procurement: Shopping

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

Place of Delivery: CSU Cabadbaran City Delivery Term: F.O.B. Destination
 Date of Delivery: 30 days upon receipt of P.O. Payment Term: within 60 days upon complete delivery

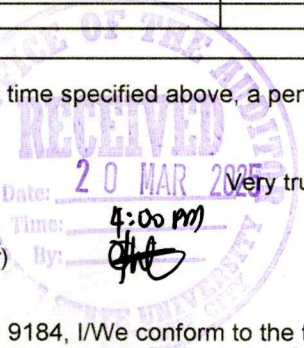
Stock No.	Unit	Description	Quantity	Unit Cost	Total Cost
		Supply and Delivery of Consumbale Ink			-
	BOTTLE	INK CART	5	217.00	1,085.00
		EPSON L3210 (003-BK(Black)) 65ml		-	-
	BOTTLE	INK CART	5	217.00	1,085.00
		EPSON L3210 (003-M(Magenta)) 65ml		-	-
	ROLL	MULTI-COLOR RIBBON	3	8,800.00	26,400.00
		Smart Card Printer Smart 51D Multicolor Ribbon; 6 panel colored ribbon with black (YMCKOK); 200 Prints		-	-
	BOTTLE	INK CART	5	217.00	1,085.00
		EPSON L3210 (003-C(Cyan)) 65ml		-	-
	BOTTLE	INK CART	5	217.00	1,085.00
		EPSON L3210 (003-y(Yellow)) 65ml		-	-
	SET	INK CART	4	3,400.00	13,600.00
		Brother Copier, MFC-J3930DW, Cyan, Magenta, Yellow, Black		-	-
	CART	INK CART	12	1,400.00	16,800.00
		HP CD971AA, (HP 920), Black		-	-
	BOTTLE	HP ORIGINAL INK	3	265.00	795.00
		GT52 (Yellow) 70ml		-	-
		xxxxxxxxxxxxxxxxnothing followsxxxxxxxxxxx		-	-
Total					61,935.00

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 everyday of delay shall be imposed.

Conforme: green
norma clavin
AXZILY CONSUMER GOODS TRADING
 (Signature Over Printed Name of Supplier)

 (Date) 2025

Very truly yours,
DEOMILA B. MAMAQAG, Ph.D.
 Campus Director



As provided for in Sec. 62.1 of the IRR-A of RA 9184, I/We conform to the three (3) months warranty in case of supplies and one (1) year warranty in the case of equipment from the date the goods are completely delivered

 (Signature Over Printed Name of Supplier/Duly Authorized Representative)

Fund Cluster: _____ ORS/BURS No.: 10-15-07-458
 Funds Available: _____ ARLENE D. GALES, CPA
 Signature over Printed Name of Chief Accountant/
 Head of Accounting Division/Unit Date of the ORS/BURS: Mar 14, 2025
 Amount: 61,935.00