PURCHASE ORDER
Bureau of Customs
Agency

Supplier:	**NATIONAL PRINTING OFFICE**	P.O. No.:	2014 - 08 - 060
Address:	EDSA corner NPO Road, Quezon City	Date:	08 - 15 - 14
T.I.N. :		Mode of Procurement:	Agency to Agency

Gentlemen:

Please deliver to this Office the following articles/products/supplies/materials listed below priced in accordance with your quotation dated _____ ,subject to the terms and conditions enumerated at the back.

| Place of Delivery: | BOC Manila | Delivery Term: | Complete delivery |
| Date of Delivery : | | Payment Term: | 15 cd upon complete delivery & acceptance |

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
		BC FORM NO. 237 " ENTRY RIDER " Size : 8 1/2 x 11, 25 sets to a pad, 2 colors, 2 side printing using carbonless for all copies with security design of relief guilloche background with BOC logo, micro text print, ultra violet inks Invisible to the naked eye, encrypted barcode with Modulus 10, with Serial number : 0003400001 - 0003550000 at **Php** 156.63/pad	6000	156.63	939,780.00
		Requirements : 1. Paper quality should meet professional standards and must be acid-free which gives documents archival quality for secure record keeping. 2. New security design of relief and guilloche and BOC Logo printed as background. **Additional Features :** 1. Ultra violet ink invisible to the naked eye. 2. Micro-printing of word "BOC" in different placement in the form 3. Printed barcode with Modulus 10 Numbering system from 1st ply up to the last ply. 4. Two (2) security features to be 4 created/incorporated by NPO and must be indicated/specified to BOC. **Note : Should strictly comply with the duly-approved layout.**			
		TOTAL			**939,780.00**

(Total Amount in Words) **NINE HUNDRED THIRTY NINE THOUSAND SEVEN HUNDRED EIGHTY Pesos only**

(Terms and Conditions stated at the back page of this P.O.)

Very truly yours,

ARTURO M. LACHICA
Deputy Commissioner, IAG

Conforme:

_____
Signature over Printed Name of Supplier

_____
Date

Funds Available:

ALFREDO A. PALMA
Chief Accountant

| ALOBS No.: | |
| Amount: | |

Distribution of Copies

[ ] Original copy for the Supplier's Conforme
[ ] Agency Central/ Supply Section for file
[ ] COA Auditor