

**PURCHASE ORDER**

Bureau of Customs

Agency

Supplier: <b>NATIONAL PRINTING OFFICE</b>	P.O. No.: <b>2014-08-061</b>
Address: EDSA corner NPO Road, Quezon City	Date: <b>08-15-14</b>
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
		<b>BC FORM NO. 162 " CERTIFICATE OF PAYMENT " (CP)</b> 50 sets to a pad, 5 sheet per set, size 8 1/4 x 6 3/4, 1st ply security printing, 2nd ply self contained 3rd to 5th ply using white carbonless paper, printing 1st ply four color printing 2nd to 5th ply color printing with security design of relief and guilloche background with BOC logo, micro text print ultra violet inks invisible to the naked eye, encrypted barcode with Modulus 10 numbering system. Serial number : 0008585001-0008660000 at <b>Php</b> 289.55/pad  <b>Requirements :</b> 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. <b>Additional Features :</b> 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.  <b>Note : Should strictly comply with the duly-approved layout.</b>	1500	289.55	434,325.00
<b>TOTAL</b>					<b>434,325.00</b>

**(Total Amount in Words) FOUR HUNDRED THIRTY FOUR THOUSAND THREE HUNDRED TWENTY FIVE Pesos only**

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

Very truly yours,

Conforme:

Signature over Printed Name of Supplier

Date

*[Signature]*  
**ARTURO M. LACHICA**  
Deputy Commissioner, IAG

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