PURCHASE ORDER									
		Bur	eau of Custo	ms	_				
			Agency		001-	01 - XXX	~		
Supplier:		L PRINTING OFFICE	P.O. No.:			01-000	14		
Address:	EDSA corne	er NPO Road, Quezon City	Date:			8-15			
T.I.N. :			Mode of Pro	curen	nent:	Agency to Age	тсу		
Contlomon									
Gentlemen		eliver to this Office the following articles/product	c/cupplies/m	atoria	le lieted hal	ou priced in ac	cordance with	VOLIE	1/4
							cordance with	your	
Di f D	quotation								
Place of De		BOC Manila	_			Complete deliv 15 cd upon cor		0 20000	
Date of De Stock No.		Description		ayme	nt Term: Quantity	Unit Cost		Amount	ance
OLOCK HOL	pads	CERTIFICATE OF ORIGIN FORM - E			1000	481.16		Amount	481,160.00
	pado	50 sets to a pad, 4 sheets per set using special			1000	101.10			101,100.00
		security ink and 56 gsm white bond paper for			ž				
		original to the 4th ply with							
		security printing for all copies and							
		Modulus 10 numbering system from 1st ply to							
		last ply, plus mico-printing on each ply			17				N .
		Size: 11 3/4 x 8 1/4, pre-numbered			-				
		Serial number: 002200001 - 002240000							
		at <b>Php</b> 408.47/pad							
		я							
		Domilion and a					ĺ		
		Requirements:			a				
		Paper quality should meet professional standards and must be acid-free which gives							-
		documents archival quality for secure record							
		keeping.							
		New security design of relief and guilloche							
		and BOC Logo printed as background.							
		Additional Features :							
>		Ultra violet ink invisible to the naked eye.							9
		Micro-printing of word "BOC" in different							
		placement in the form							
		3. Printed barcode with Modulus 10							12
		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.							
		8							
		Note: Should strictly comply with the							
		duly-approved layout.							9
					1.0				
		140							
		,							
			TOTAL						481,160.00
(Total Amou		FOUR HUNDRED EIGHTY ONE THOUSAND ONE HUNDRED		nly					
	(Terms a	and Conditions stated at the back page of this P.	0.)						1
									1
			Very	truly y	ours,				
				7	my +	was			
			-	//	· ·	volving	=		
Conforme				<b>/</b>	TUDO M. I				
Conforme:  ARTURO M. LACHICA  Deputy Commissioner, IAG									
	Signature	over Printed Name of Supplier	-	Det	outy Commis	Sioner, IAG			
	Signature	over Filited Name of Supplier							
Date			-						
Dute									
Funds Ava	ilable: a	e per afached obl							
Funds Available: UR PIT Salfa en de 6 0 0 R  ALOBS No.: 200 - 15 - 03 - 436									
ALFREDO A. PALMA Amount: 48/1/60									
Chief Accountant									
Circi Accountant									

Distribution of Copies

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

