



Republic of the Philippines
DEPARTMENT OF EDUCATION
REGIONAL OFFICE IV-A CALABARZON
Gate 2, Karangalan Village, Cainta, Rizal



INSPECTION AND ACCEPTANCE REPORT

Supplier: **HOPE METAL & FURNITURE MFG. INC.**
Purchasing Office/Dept./Unit: **DepEd Region IV-A**

Delivered to: **Gen. Trias SHS**
(Name of District Office or Elementary School) (Address & Tel. No. of District Office or Elementary School) (School ID)

Division Office and address/telefax: **Cavite Province**

Region Office and address/telefax: **Region IV-A**

Particulars		Quantity			Cost (Php)		Delivered Condition		Delivery Receipt	
		Contracted	Delivered	Lacking (if any)	Unit Cost	Total Cost	Good	Defective (mention)	Date	No.
Furnitures and Utilities	Specification									
	T-square	5	5		1,000.00	5,000.00				11712
	Triangle	5	5		480.00	2,400.00				11712
	Scale rule	5	5		1,450.00	7,250.00				11712
	Technical pens and pencils	5	5		1,650.00	8,250.00				11712
	Erasers	5	5		75.00	375.00				11712
	Drawing templates	5	5		1,440.00	7,200.00				11712
	Sharpeners	5	5		450.00	2,250.00				11712
	System Unit	5	5		28,000.00	140,000.00				11712
	Software Installer (Autocad)	5	5		3,500.00	17,500.00				11712
	Monitor	5	5		4,400.00	22,000.00				11712
	Keyboard	5	5		460.00	2,300.00				11712
	Mouse	5	5		330.00	1,650.00				11712
	AVR	5	5		350.00	1,750.00				11712
	Table	5	5		2,800.00	14,000.00				11712
	Chair	5	5		250.00	1,250.00				11713
	Drawing Table	5	5		3,500.00	17,500.00				11713
	Lab. Chair	5	5		1,200.00	6,000.00				11713
	Printer	1	1		5,500.00	5,500.00				11713
	LCD Projector	1	1		5,000.00	5,000.00				11713
	LAPTOP	1	1		32,000.00	32,000.00				11713
Total		88	88			299,175.00				

INSPECTION Date Inspected : Inspected, verified and found OK as to quantity and specification. 1. _____ Signature over printed name 2. _____ Signature over printed name _____ Designation Remarks by Inspection Officer: (Pls. Check appropriate box) <input type="checkbox"/> Quantity in accordance with Master Packing List <input type="checkbox"/> Quantity not in accordance with Master Packing List <input type="checkbox"/> In good order and condition Remarks :		ACCEPTANCE Date Received : Complete : (Check box) _____ Partial : (Check box) _____ Signature over Printed Name/Designation (Check box) _____ Property Custodian _____ Authorized Official: _____ Designation Remarks by Accepting Officer: (Pls. Check appropriate box) <input type="checkbox"/> Quantity in accordance with Master Packing List <input type="checkbox"/> Quantity not in accordance with Master Packing List <input type="checkbox"/> In good order and condition Remarks :	
FOR THIRD PARTY MONITORS: Remarks : _____ Civil Society 1. _____		or PTCA Officer : 1. _____	

Entry Name: **DepEd Region IV-A (Calabarzon)**

PAR No.: _____

Received by:	Issued by:
<hr/> Signature over Printed Name of End User	<hr/> Signature over Printed Name of End User
<hr/> Position / Office	<hr/> Position / Office