

PURCHASE ORDER

Department of Social and Welfare and Development
Field Office Region XIII CARAGA

Supplier Name: COMFAC CORPORATION	Purchase Order No.: 21-12-1924
Address:	Date: 2021-12-29
TIN:	Mode of Procurement: Shopping
PhilGEPS No.:	

Gentlemen
Please furnish this office the following articles subject to the terms and conditions contained herein.

Place of Delivery: DSWD Caraga Regional Office, Capitol Site, Butuan City	Delivery Term: Within 60 Working Days After Receipt of Approved P.O.
Date of Delivery:	Payment Term: Within 30 Working Days After the Inspection and Acceptance Report is received

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	UNIT	Installation and Erection of (WS 300 350) Rectangular WorkSurface in HPL Finish with (SP 350) Side Panel in Melamine Finish with (CSB) Center Support Bracket and (CAB R/L) Cantiliver Arm Bracket Right or Left and (WS 950 600) Rectangular WorkSurface in HPL Finish with (CSB) Center Support Bracket and (CAB R or L) Cantiliver Arm Bracket Right or Left with (WSG) Grommets as shown in the drawing	24.00	35,445.00	850,680.00
2	Lin.M.	Electrical Works and Installation of Pipe Wall and Floor Installation as shown in the drawing	55.00	2,000.00	110,000.00
3	SQ.M	Tile and Floor Finish Cement and Rubber Mat and Carpet Mat Installation as shown in the drawing	156.00	4,580.00	714,480.00

COMMISSION ON AUDIT
DSWD FO XIII
OFFICE OF THE AUDITOR
RECEIVED
DATE: 1/18/2022 TIME: _____
BY: [Signature]

"Repair : Completion of KALAH-CIDSS Office System at 2nd Floor Lumilihok Building, DSWD Field Office Caraga, Butuan City"

(Total Amount in Words)	ONE MILLION SIX HUNDRED SEVENTY FIVE THOUSAND ONE HUNDRED SIXTY PESOS ONLY	TOTAL	1,675,160.00
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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 every day of delay shall be imposed.

<p>Conforme: <u>[Signature]</u> Signature Over Printed Name of Supplier ALBINO T. VALCANT Date: <u>1-14-2022</u></p>	<p>Very truly yours, <u>[Signature]</u> Signature Over Printed Name of Authorized Official RAMEL F. JAMEN OIC Regional Director Designation</p>
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<p>Fund Cluster: <u>02</u></p> <p>Fund Available: _____</p> <p><u>[Signature]</u> GRETCHEN FERNANDEZ ESCALA Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit <u>1/11/2022</u></p>	<p>DV No.: <u>21-12-1924</u></p> <p>ORS/BURS No.: <u>21-12-15386</u> Date: <u>12/29</u></p> <p>Source of Funds: <u>KC-WB</u></p> <p>UACS Code: <u>50620700</u></p> <p>Responsibility Center: <u>00016-01-02.02-03</u></p> <p>Amount: <u>\$ 1,675,160.00</u></p>
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This agency adheres to "NO GIFT ALLOWED" policy pursuant to the provision of R.A 6713 known as the Code of Conduct and Ethical Standards for Public Official and Employees.