

PURCHASE ORDER

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

Supplier Name: DSWD EMPLOYEES MULTI PURPOSE COOPERATIVE IN CARAGA (DEMPCC)	Purchase Order No.: 23-05-0733
Address: DSWD Field Office Mabini St. Brgy. Dagohoy, Butuan City.	Date: 2023-05-18
TIN: 005-625-46-000	Mode of Procurement: NP Small Value Procurement
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: As Per Book Schedule 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	PC/S	1 meal and 2 Snacks 2nd Quarter	50.00	500.00	25,000.00
2	PC/S	1 meal and 2 Snacks 3rd Quarter	50.00	500.00	25,000.00
3	PC/S	1 meal and 2 Snacks 4th Quarter	50.00	500.00	25,000.00
<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="text-align: center; margin: 0;">COMMISSION ON AUDIT DSWD FO XIII OFFICE OF THE AUDITOR RECEIVED</p> <p style="margin: 0;">DATE: <u>6/1/2023</u> TIME: _____</p> <p style="margin: 0;">BY: <u>[Signature]</u></p> </div>					
"Catering Services: Account Management Team (AMT) Meeting for FY 2023 (2nd- 4th)"					
(Total Amount in Words)				TOTAL	75,000.00

SEVENTY-FIVE THOUSAND PESOS ONLY

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.

Conforme: Very truly yours,

<p><u>[Signature]</u> PHILIP DOY A. CAHAY Signature Over Printed Name of Supplier <u>5-31-23</u> Date</p>	<p><u>[Signature]</u> MARI-FLOR A. DOLLAGA-LIBANG Signature Over Printed Name of Authorized Official Regional Director Designation</p>
--	---

Fund Cluster: <u>101</u>	DV No.: <u>23-05-5447</u> Date: _____
Fund Available: _____	ORS/BURS No.: <u>23-05-10052</u> Date: _____
GRETCHEN FERNANDEZ ESCALA Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit	Source of Funds: <u>101</u>
	UACS Code: <u>5020240000</u>
	Responsibility Center: <u>0006-01-0101-02</u>
	Amount: <u>75,000</u>

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.

** To track your Voucher/Payment you my text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 **