

**PURCHASE ORDER**

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

Supplier Name: <b>COMPANERO COMMERCIAL</b>	Purchase Order No.: <b>23-05-0822</b>
Address: <b>Lopez Jaena St., Butuan City, Agusan del Norte</b>	Date: <b>2023-05-31</b>
TIN: _____	Mode of Procurement: <b>Shopping</b>
PhilGEPS No.: _____	

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

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

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	REAM/S	Bond Paper (Substance 24 - 80GSM, A4)	300.00	240.00	72,000.00
2	pack	Cartolina Paper (Assorted Color)	70.00	110.00	7,700.00
3	BOTTLE/S	Liquid Hand Soap 500 ml	5.00	145.00	725.00
4	PC/S	Marker (Permanent, Bullet type, black)	100.00	30.00	3,000.00
5	PC/S	Marker (Permanent, Bullet type, blue)	97.00	30.00	2,910.00
6	PC/S	Marker (Permanent, Bullet Type, Red)	20.00	30.00	600.00
7	PACK/S	Battery (size AA, alkaline, 2pcs / packet)	10.00	70.00	700.00
8	PC/S	Stamp Pad Ink purple or violet	30.00	20.00	600.00

ACCOUNTING SECTION  
 RECEIVED  
 DATE: 6/7/23  
 TIME: 9:42 Am  
 BY: \_\_\_\_\_

COMMISSION ON AUDIT  
 DSWD FO XIII  
 OFFICE OF THE AUDITOR  
 RECEIVED  
 DATE: 6/9/2023  
 BY: \_\_\_\_\_

"Office Supplies: Common Use Supplies and Equipment (CSE) available in DBM-PS Supplies under Year 2023 for KC KALAHI CIDSS Implementation and other Purposes"

(Total Amount in Words) **EIGHTY-EIGHT THOUSAND TWO HUNDRED THIRTY-FIVE PESOS ONLY** TOTAL **88,235.00**

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,

*[Signature]*  
**JANCI L. RAMOS**  
 Signature Over Printed Name of Supplier  
 Date: 6/8/23

*[Signature]*  
**MARI-FLOR A. DOLLAGA- LIBANG**  
 Signature Over Printed Name of Authorized Official  
 Regional Director  
 Designation

Fund Cluster: **01**  
 Fund Available: \_\_\_\_\_  
**GRETCHEN FERNANDEZ ESCALA**  
 Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit  
 Date: 6/7

DV No.: **23-05-6109** Date: **5/31/23**  
 ORS/BURS No.: **23-04-6909** Date: **6/6/23**  
 Source of Funds: **KC-KICB**  
 UACS Code: **5020301W**  
 Responsibility Center: **00016-01-01-02-02**  
 Amount: **₱ 88,235.00**

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 \*\*