

PURCHASE ORDER

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

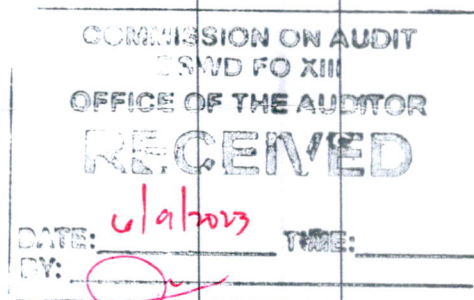
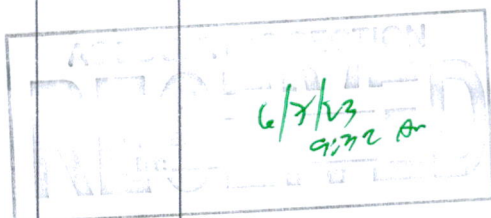
Supplier Name: COMPANERO COMMERCIAL	Purchase Order No.: 23-05-0827
Address: Lopez Jaena St., Butuan City, Agusan del Norte	Date: 2023-05-31
TIN: _____	Mode of Procurement: Shopping
PhilGEPS No.: _____	

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 30 Calendar 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	REAM/S	Bond Paper (Substance 24 - 80GSM, A4)	300.00	240.00	72,000.00
2	BOTTLE/S	Liquid Hand Soap (500 ml)	5.00	145.00	725.00
3	PC/S	Marker , Permanent, Felt Tip, Bullet Type, Black	100.00	30.00	3,000.00
4	PC/S	Marker , Permanent, Felt Tip, Bullet Type, Red	20.00	30.00	600.00
5	pack	Battery , Dry Cell, Size AA	10.00	70.00	700.00
6	BOX	Arch File Folder Portrait Legal	5.00	5,550.00	27,750.00



"Office Supplies: Common Use Supplies and Equipment (CSE) Available in DBM-PS Supplies under the Year 2023 for KALAHI-CIDSS Implementation and Other Purposes"

(Total Amount in Words) **ONE HUNDRED FOUR THOUSAND SEVEN HUNDRED SEVENTY-FIVE PESOS ONLY** **TOTAL** **104,775.00**

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 Over Printed Name of Supplier

Date

MARI-FLOR A. DOLAGA-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

DV No.: **23-05-6188** Date: **5/31/23**ORS/BURS No.: **23-06-6743** Date: **6/6**Source of Funds: **KC-KR**UACS Code: **202301M**Responsibility Center: **00016-01-02-02-03**Amount: **104,775.00**

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 may text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 **