

PURCHASE ORDER

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

Supplier Name: COMPANERO COMMERCIAL	Purchase Order No.: 23-05-0834
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 15 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	BOX	Clip , Backfold, 19mm	68.00	15.00	1,020.00
2	BOX	Clip , Backfold, 25mm	68.00	25.00	1,700.00
3	BOX	Clip , Backfold, 50mm	68.00	75.00	5,100.00
4	BOX	Envelope (Expanding, Kraftboard, Legal size) with Garter	38.00	1,400.00	53,200.00
5	BOX	Expanding Folder	30.00	1,450.00	43,500.00
6	PC/S	Puncher , Heavy Duty	40.00	150.00	6,000.00
7	PC/S	LED Bulb (Pin Light) 9 watts	10.00	135.00	1,350.00
8	BOX	Folder with Tab, Legal (White)	30.00	600.00	18,000.00
9	BOX	Pencil , Lead, with Eraser	10.00	50.00	500.00
10	BOX	Rubber Band , No. 18	5.00	200.00	1,000.00
11	BOX	Staple Wire (#35)	60.00	35.00	2,100.00
12	PC/S	Double Sided Tape 1 1/2 x 10m	20.00	55.00	1,100.00
13	PC/S	Marker (for Whiteboard) , Felt Tip, Bullet Type, Black	33.00	30.00	990.00


ACCOUNTING SECTION
6/3/23
9:32 AM


COMMISSION ON AUDIT
DSWD FO XIII
OFFICE OF THE AUDITOR
RECEIVED
DATE: 6/9/2023
BY: [Signature]

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

(Total Amount in Words) **ONE HUNDRED THIRTY-FIVE THOUSAND FIVE HUNDRED SIXTY PESOS ONLY** TOTAL **135,560.00**

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: 
Signature Over Printed Name of Supplier
Date: 6/2/23

Very truly yours,

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

DV No.: **23-05-6189** Date: **5/31/23**
ORS/BURS No.: **23-06-6940** Date: **6/6**
Source of Funds: **KC-KIWS**
UACS Code: **120301W**
Responsibility Center: **00016-01-01-0202**
Amount: **135,560.00**

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 **