

PURCHASE ORDER

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


Supplier Name: JOSOPO BUSINESS VENTURES INC.	Purchase Order No.: 23-05-0835
Address: MONTILLA BLVD. BUTUAN CITY	Date: 2023-05-31
TIN: 771-585-805-00000	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: 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	GALLON	Solvent Type Cas/Putty - Davies	9.00	632.00	5,688.00
2	LITER	Solvent Type Reducer - Davies	21.00	150.00	3,150.00
3	GALLON	Solvent Type Primer - Davies	7.00	1,058.00	7,406.00
4	GALLON	Solvent Type Top Coat White Semi-Gloss - Davies	12.00	1,116.00	13,392.00
5	LITER	Solvent Type Flate (White) - Davies	1.00	350.00	350.00
6	GALLON	Body Filler	1.00	750.00	750.00
7	PC/S	Paint Brush 2"	4.00	65.00	260.00
8	ROLL/S	Masking Tape 1"	10.00	50.00	500.00

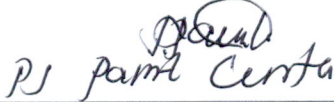
ACCOUNTING DIVISION
6/7/23
9:39 am


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

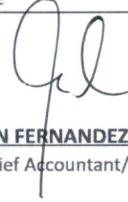
"Construction Materials: Repair and Maintenance Works on Lumilihok Building (interior)"

(Total Amount in Words)	THIRTY-ONE THOUSAND FOUR HUNDRED NINETY-SIX PESOS ONLY	TOTAL	31,496.00
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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.

Conforme: 
Signature Over Printed Name of Supplier
Date: 6/8/23

Very truly yours,

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

Fund Cluster: 01	DV No.: 23-05-6190 Date: 5/31/23
Fund Available: _____	ORS/BURS No.: 23-06-6940 Date: 6/6
 GRETCHEN FERNANDEZ ESCALA Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit	Source of Funds: ICC-KCM
	UACS Code: 1024304001
	Responsibility Center: 00016-01-07-02-02
	Amount: 31,496.00

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 **