

PURCHASE ORDER

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

Supplier Name: DYNAMIC HARDWARE AND CONSTRUCTION SUPPLIES	Purchase Order No.: 23-05-0836
Address: Butuan City, Agusan del Norte	Date: 2023-05-31
TIN: 927-439-007-002	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	Penetrating Sealer - Island	8.00	890.00	7,120.00
2	LITER	Solvent Tinting Color Burnt Amber - Davies Acrytile - Welcoat	1.00	250.00	250.00
3	PC/S	Paint Roller 7"	3.00	120.00	360.00
4	PC/S	Paint Roller Mini 4" 9 (Cotton) - #4	2.00	75.00	150.00
5	KG/S	News Paper	10.00	85.00	850.00
6	SHEET/S	Sand Paper (#80)10	10.00	35.00	350.00
7	SHEET/S	Sand Paper #100	15.00	35.00	525.00
8	SHEET/S	Sand Paper (#120)	20.00	35.00	700.00
9	PC/S	Paint Tray	3.00	60.00	180.00

ACCOUNTING SECTION
DATE: 6/3/23
6:32 am

COMMISSION ON AUDIT
DSWD FO XIII
OFFICE OF THE AUDITOR
RECEIVED
DATE: 6/19/23 TIME: _____
BY: _____

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

(Total Amount in Words)	TEN THOUSAND FOUR HUNDRED EIGHTY-FIVE PESOS ONLY	TOTAL	10,485.00
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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: _____ Very truly yours,

Signature Over Printed Name of Supplier: _____
Date: _____

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

Fund Cluster: <u>01</u>	DV No.: <u>23-05-6194</u> Date: <u>5/31/23</u>
Fund Available: _____	ORS/BURS No.: <u>23-04-69410</u> Date: <u>6/6</u>
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit: GRETCHEN FERNANDEZ ESCALA	Source of Funds: <u>KC-KICB</u>
Date: <u>6/7</u>	UACS Code: <u>5021304001</u>
	Responsibility Center: <u>00014-01-01-0202</u>
	Amount: <u>10,485.00</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 may text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 **