

**PURCHASE ORDER**

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

Supplier Name: <b>COMPANERO COMMERCIAL</b>	Purchase Order No.: <b>23-06-0969</b>
Address: <b>Lopez Jaena St., Butuan City, Agusan del Norte</b>	Date: <b>2023-06-19</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 15 Calendar 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) Multicopy, 80gsm (-3%), 210mm x 297mm	300.00	240.00	72,000.00
2	BOTTLE/S	Liquid Hand Soap 500 ml	10.00	150.00	1,500.00
3	PC/S	Marker permanent, felt tip, bullet type, Black	100.00	30.00	3,000.00
4	pack	Battery dry cell, size AA	5.00	50.00	250.00
5	PC/S	Stamp Pad (ink, violet)	30.00	20.00	600.00


6/22/23  
1:12 pm


COMMISSION ON AUDIT  
DSWD FO XIII  
OFFICE OF THE AUDITOR  
**RECEIVED**  
DATE: 6/27/23  
TIME: 1:12 pm

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

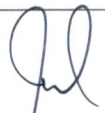
(Total Amount in Words) **SEVENTY-SEVEN THOUSAND THREE HUNDRED FIFTY PESOS ONLY** **TOTAL** **77,350.00**

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: **JAYCE RAMOS**  
Date: **6/22/23**

Very truly yours,  
  
Signature Over Printed Name of Authorized Official: **MARI-FLOR A. DOLLAGA-LIBANG**  
Regional Director  
Designation

Fund Cluster: **02**  
Fund Available: \_\_\_\_\_

  
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit: **GRETCHEN FERNANDEZ ESCALA**  
Date: **6/22/23**

DV No.: **23-06-7198** Date: **6/19/23**  
ORS/3URS No.: **23-06-7886** Date: **6/22**  
Source of Funds: **KC-62P**  
UACS Code: **502030100**  
Responsibility Center: **00016-0101-0202**  
Amount: **\$ 77,350.00**

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 \*\*