

PURCHASE ORDER

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

| | |
|--|---------------------------------------|
| Supplier Name: SANDEES PRINT AND COMPUTER CENTER | Purchase Order No.: 23-06-0970 |
| Address: SAN FRANCISCO ST., BARANGAY HUMABON, BUTUAN CITY | Date: 2023-06-19 |
| TIN: 716-236-505-000 | 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 | PC/S | EPSON Ink 664 Black | 2.00 | 250.00 | 500.00 |
| 2 | PC/S | EPSON Ink 664 Cyan | 2.00 | 250.00 | 500.00 |
| 3 | PC/S | EPSON Ink 664 Magenta | 2.00 | 250.00 | 500.00 |
| 4 | PC/S | EPSON Ink 664 Yellow | 2.00 | 250.00 | 500.00 |
| 5 | PC/S | Toner Cartridge HP 119A CYAN ORIGINAL | 15.00 | 3,850.00 | 57,750.00 |
| 6 | PC/S | Toner Cartridge HP 119A MAGENTA ORIGINAL | 15.00 | 3,990.00 | 59,850.00 |
| 7 | PC/S | Toner Cartridge HP 119A YELLOW ORIGINAL | 15.00 | 3,990.00 | 59,850.00 |

ACCOUNTING SECTION
6/22/23
1:12 pm

COMMISSION ON AUDIT
DSWD FO XIII
OFFICE OF THE AUDITOR
RECEIVED
DATE: 6/27/23
BY: [Signature]

"Office Supplies: Common Use Supplies and Equipment (CSE) not available in DBM-PS Supplies under Year 2023 for KC KALAHY CIDSS Implementation and other Purposes"

(Total Amount in Words) **ONE HUNDRED SEVENTY-NINE THOUSAND FOUR HUNDRED FIFTY PESOS ONLY** TOTAL 179,450.00

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,

LEONIS M. FERRERA
Signature Over Printed Name of Supplier
06-26-23
Date

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

Fund Cluster: 02
Fund Available: _____

DV No.: 23-06-720 Date: 6/22
ORS/BURS No.: 23-06-7883 Date: 6/22
Source of Funds: 100-657
UACS Code: 502301M
Responsibility Center: 00014-01-01-02-02
Amount: 179,450.00

GRETCHEN FERNANDEZ ESCALA
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit

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 **