

PURCHASE ORDER

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

| | |
|---|--|
| Supplier Name: HAPPY ENTERPRISES AND RESOURCES INC | Purchase Order No.: 23-06-0927 |
| Address: Obrero, Butuan City | Date: 2023-06-13 |
| TIN: 000-274-763-000 | 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.

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|--|--|
| Place of Delivery: DSWD Caraga Regional Office, Capitol Site, Butuan City | Delivery Term: Within 15 Working 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 | Cellcards (Smart) - 300 | 14.00 | 295.00 | 4,130.00 |

COMMISSION ON AUDIT
DSWD FO XIII
OFFICE OF THE AUDITOR
RECEIVED

DATE: 6/19/2023 TIME: _____
BY: _____

"Cellcards: Cellcards for EPAHP RPMO use for May and June 2023"

| | | | |
|-------------------------|--|--------------|-----------------|
| (Total Amount in Words) | FOUR THOUSAND ONE HUNDRED THIRTY PESOS ONLY | TOTAL | 4,130.00 |
|-------------------------|--|--------------|-----------------|

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

Very truly yours,

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

| | |
|--|---|
| Fund Cluster: <u>01</u> | DV No.: <u>23-06-6927</u> Date: <u>6/13</u> |
| Fund Available: <input checked="" type="checkbox"/> | ORS/BURS No.: <u>23-06-7513</u> Date: <u>6/14</u> |
| Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit GRETCHEN FERNANDEZ ESCALA | Source of Funds: _____ |
| | UACS Code: _____ |
| | Responsibility Center: <u>0016-01-01-02</u> |
| | Amount: <u>4,130</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 my text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 **