

**PURCHASE ORDER**

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

Supplier Name: <b>MID-TOWN COMPUTER AND SERVICES</b>	Purchase Order No.: <b>23-06-1047</b>
Address: <b>Lopez Jaena St., Butuan City</b>	Date: <b>2023-06-29</b>
TIN: <b>929-755-615-000</b>	Mode of Procurement: <b>NP Small Value Procurement</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 30 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	PC/S	Toner Cartridge HP 119A BLACK ORIGINAL	15.00	3,218.00	48,270.00
<div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 10px;"> <p>6/30/23 9:32 AM</p> </div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 10px;"> <p>COMMISSION ON AUDIT DSWD FO XIII OFFICE OF THE AUDITOR <b>RECEIVED</b> DATE: <u>7/7/2023</u> TIME: _____ BY: _____</p> </div> <p><i>"Office Supplies: Common Use Supplies and Equipment (CSE) not available in DBM-PS Supplies under Year 2023 for KC KALAH I CIDSS Implementation and other Purposes"</i></p>					

(Total Amount in Words)	<b>FOURTY-EIGHT THOUSAND TWO HUNDRED SEVENTY PESOS ONLY</b>	<b>TOTAL</b>	<b>48,270.00</b>
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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: Kaye [Signature] **MARI-FLOR A. DOLLAGA-LIBANG**  
Signature Over Printed Name of Supplier Signature Over Printed Name of Authorized Official  
7-6-23 Regional Director  
Date Designation

Fund Cluster: <u>02</u>	DV No.: <u>23-06-7990</u> Date: <u>6/29/23</u>
Fund Available: _____	ORS/BURS No.: <u>23-06-8378</u> Date: <u>6/29/23</u>
<u>[Signature]</u> <b>GRETCHEN FERNANDEZ ESCALA</b> Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit	Source of Funds: <u>1CC-608</u>
6/30	UACS Code: <u>220301W</u>
	Responsibility Center: <u>02016-01-01-02-02</u>
	Amount: <u>48,270.00</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 my text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 \*\*