

**PURCHASE ORDER**

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

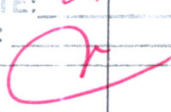
Supplier Name: <b>CITIHardware BACOLOD INC.</b>	Purchase Order No.: <b>23-07-1152</b>
Address: <b>KM 3 Brgy. Baan KM 3, Butuan City</b>	Date: <b>2023-07-14</b>
TIN: <b>005-919-438-016</b>	Mode of Procurement: <b>NP Small Value Procurement</b>
PhilGEPS No.: _____	

**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>Check on Delivery</b>
Date of Delivery: _____	Payment Term: <b>Check on Delivery</b>

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	set/s	Other Supplies Garbage bins - 120L (930x550x460)	20.00	2,500.00	50,000.00
2	set/s	Other Supplies Garbage bins - 20L (46x34x23) <b>(695613)</b>	16.00	835.00	13,360.00

COMMISSION ON AUDIT  
DSWD FO XIII  
OFFICE OF THE AUDITOR  
**RECEIVED**

DATE: **8/1/2023** TIME: \_\_\_\_\_  
BY: 

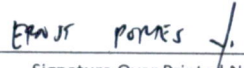
ACCOUNTING SECTION  
**RECEIVED**  
DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_  
BY: \_\_\_\_\_

**"Replacement of RRCY Damaged Garbage Bins"**


(Total Amount in Words)	<b>SIXTY-THREE THOUSAND THREE HUNDRED SIXTY PESOS ONLY</b>	<b>TOTAL</b>	<b>63,360.00</b>
-------------------------	--	--------------	------------------

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  
**ERASMO PARRAS**  
Date: **7/31/23**

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

Fund Cluster: **101**  
Fund Available: \_\_\_\_\_  
  
**GRETCHEN FERNANDEZ ESCALA**  
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit  
**7/31**

DV No.: **23-07-8816** Date: \_\_\_\_\_  
ORS/BURS No.: **23-07-9671** Date: \_\_\_\_\_  
Source of Funds: **101**  
UACS Code: **5020309000**  
Responsibility Center: **0016-01-02-02-01**  
Amount: **₱ 63,360**

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 \*\***