

PURCHASE ORDER

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

Supplier Name: DAVAO CENTRAL WAREHOUSE CLUB INC.	Purchase Order No.: 23-07-1186
Address:	Date: 2023-07-21
TIN: 000-074-847-003	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.

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: Check on Delivery

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PC/S	Bath Soap 130g - SAFEGUARD WHITE 130G	120.00	43.10	5,172.00
2	PC/S	Shampoo 170ml - HEAD	160.00	156.60	25,056.00
3	PC/S	Toothpaste - COLGATE TP GRF 214G	100.00	137.70	13,770.00
4	PC/S	Dishwashing Soap (Liquid) - 500 ml - JOY KALAMANSI 4495ML	100.00	127.20	12,720.00
5	PC/S	Laundry Soap with conditioner (bar) - SURF BAR B/FRESH 360G	375.00	26.40	9,900.00
6	PC/S	Foam Sponge - FILGEN 5/TAY PURPOSE SPONGE	40.00	13.20	528.00
7	PC/S	Muriatic Acid 1lit - GLEAN MURATIC ACID IL	15.00	88.80	1,332.00

COMMISSION ON AUDIT
DSWD FO XIII
OFFICE OF THE AUDITOR
RECEIVED
DATE: **8/1/2023**
BY: _____

ACCOUNTING SECTION
RECEIVED
DATE: **8/1/2023**
TIME: _____
BY: _____

"RRCY: Purchase of Non-food Supplies (Janitorial and Toiletries Supplies) July-August 2023"

(Total Amount in Words)	SIXTY-EIGHT THOUSAND FOUR HUNDRED SEVENTY-EIGHT PESOS ONLY	TOTAL	68,478.00
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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: _____
Signature Over Printed Name of Supplier
Date: _____

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

Fund Cluster: **01**
Fund Available: _____
GRETCHEN FERNANDEZ ESCALA
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit
Date: **8/21**

DV No.: **23-07-9001** Date: _____
ORS/BURS No.: **23-07-962** Date: _____
Source of Funds: **01**
UACS Code: **5021499000**
Responsibility Center: **00010-01-01-01-02-01**
Amount: **68,478**

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 **