

**PURCHASE ORDER**


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

Supplier Name: <b>LIFEWORCS PRINT HUB</b>	Purchase Order No.: <b>23-08-1303</b>
Address: <b>G. FLORES AVE., BRGY. URDUJA, BUTUAN CITY</b>	Date: <b>2023-08-10</b>
TIN: _____	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 25 Working Days After Receipt of Approved Sample</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	Hard Bound (Referral Guidelines) (186 pages, size A4, Substance 24, GSM 80; Delivery Term: within 25 calendar days upon receipt of approved sample) - A4 SIZE: 186 PAGES HARDBOUND	90.00	550.00	49,500.00
2	PC/S	Hard Bound (Year 1 FOM 2023-Regular) (304 pages, size A4, Substance 24, GSM 80; Delivery Term: within 25 calendar days upon receipt of approved sample - A4 SIZE: 304 PAGES HARDBOUND	90.00	600.00	54,000.00

COMMISSION ON AUDIT  
DSWD-FC 2013  
OFFICE OF THE AUDITOR  
GENERAL  
8/15/2023  
BY: 

"Printing : Hardbound for the New SLP Guidelines under MC7 series of 2023"


(Total Amount in Words)	<b>ONE HUNDRED THREE THOUSAND FIVE HUNDRED PESOS ONLY</b>	<b>TOTAL</b>	<b>103,500.00</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: **Very truly yours,**

Signature Over Printed Name of Supplier:   
**DAPHNE C. CONSTANTINO**  
Date: **8/15/23**

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

Fund Cluster: _____	DV No.: <b>23-08-10105</b> Date: <b>8/10/2023</b>
Fund Available: _____	ORS/BURS No.: <b>23-08-10582</b> Date: <b>8/10/2023</b>
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit:  <b>GRETCHEN FERNANDEZ ESCALA</b>	Source of Funds: <b>101</b>
	UACS Code: <b>5029999099</b>
	Responsibility Center: <b>00016-01-01-02-01</b>
	Amount: <b>103,500</b>

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 \*\*