

PURCHASE ORDER

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

Supplier Name: B2B HARDWARE COMMERCIAL CORP.	Purchase Order No.: 23-09-1437
Address: 419 T.CALO EXT., BUTUAN CITY	Date: 2023-09-01
TIN: 604-233-876-00000	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: Check on Delivery.
Date of Delivery: _____	Payment Term: Check on Delivery.

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PC/S	Faucet Excel brass lever type faucet - <i>Eudesign</i>	50.00	155.00	7,750.00
2	PC/S	Other Supplies Shower head Chrome Type - <i>Eudesign</i>	20.00	119.00	2,380.00
3	SET	Kitchen Sink P-trap double 1 1/4" PVC	2.00	100.00	200.00
4	SET/S	Kitchen Sink P- TRAP ^{1 1/2"} 1 1/4" PVC	20.00	82.00	1,640.00
5	SET	Pressure Switch POWER HOUSE - <i>OH Brown Switch</i>	10.00	367.00	3,670.00
6	SET	Gauge Pressure - <i>Amatah</i>	10.00	148.00	1,480.00

COMMISSION ON AUDIT
DSWD FO XIII
OFFICE OF THE AUDITOR
RECEIVED
DATE: *9/7/2023* TIME: _____
BY: *[Signature]*

": Repair and Maintenance of Dormitory Water Supply and Plumbing Equipment"

(Total Amount in Words) **SEVENTEEN THOUSAND ONE HUNDRED TWENTY PESOS ONLY** / TOTAL **17,120.00**

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]* **MARI-FLOR A. DOLLAGA-LIBANG**
Signature Over Printed Name of Authorized Official
Regional Director *[Signature]*
Date: **SEPT. 06, 2023**
Designation

Fund Cluster: **101**
Fund Available: _____
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit
GRETCHEN FERNANDEZ ESCALA
[Signature]
Date: **9/5**

DV No.: **23-09-1437** Date: _____
ORS/BURS No.: **23-09-17046** Date: _____
Source of Funds: **101**
UACS Code: **5026999000**
Responsibility Center: **00016-01-02-02-01**
Amount: **17,120**

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 **