

PURCHASE ORDER

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

Supplier Name: DSWD EMPLOYEES MULTI PURPOSE COOPERATIVE IN CARAGA (DEMPCC)	Purchase Order No.: 24-01-0012
Address: DSWD Field Office Mabini St. Brgy. Dagohoy, Butuan City	Date: 2024-01-18
TIN: 005-625-46-000	Mode of Procurement: NP Small Value Procurement
PhilGEPS No.: 194013	

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: As Per Book Schedule After Receipt of Approved P.O.
Date of Delivery: _____	Payment Term: Within 30 Working Days After the Inspection and Acceptance Report is received

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	1 meal and 2 Snacks for the Final Meeting on Jan 19, 2024	20.00	500.00	10,000.00
2	PAX	1 Snack (AM snacks) for C.O. Launching on January 22, 2024	450.00	100.00	45,000.00
3	PAX	1 Snack (AM snacks) for Unveiling on January 29, 2024	450.00	100.00	45,000.00

COMMISSION ON AUDIT
DSWD FO XIII
OFFICE OF THE AUDITOR
RECEIVED
DATE: 1/18/2024 TIME: _____
BY: [Signature]

"Catering Services: Launching of Angels in Red Vests Campaign"

(Total Amount in Words)	ONE HUNDRED THOUSAND PESOS ONLY	TOTAL	100,000.00
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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.

<p>Conforme: _____ <i>PHILIP ANA A. CAHAPS</i> Signature Over Printed Name of Supplier <u>1-18-24</u> Date</p>	<p>Very truly yours,</p> <p>_____ MARI-FLOR A. DOLLAGA-LIBANG Signature Over Printed Name of Authorized Official <u>Regional Director</u> Designation</p>
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<p>Fund Cluster: _____ Fund Available: _____ GRETCHEN FERNANDEZ ESCALA Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit <u>1/18</u></p>	<p>DV No.: <u>24-01-0089</u> Date: <u>1/18/2024</u> ORS/BURS No.: <u>24-01-0079</u> Date: <u>1/18/2024</u> Source of Funds: <u>101</u> UACS Code: <u>5029901000</u> Responsibility Center: <u>00016-01-06</u> Amount: <u>100,000</u></p>
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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 ****