

**PURCHASE ORDER**

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

|   |                                       |
|---|---------------------------------------|
| Supplier Name: <b>TAMMY EMPORIUM</b>                  | Purchase Order No.: <b>24-03-0337</b> |
| Address: <b>Lopez Jaena St., Humabon, Butuan City</b> | Date: <b>2024-03-19</b>               |
| TIN: <b>143-305-053-001</b>                           | Mode of Procurement: <b>Shopping</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 30 Calendar Days After Receipt of Approved P.O.</b>   |
| Date of Delivery: _____  | Payment Term: <b>Within 30 working days after receipt of delivery receipt and approved inspection and acceptance report.</b> |

| #   | Unit   | Description                                     | Quantity | Unit Cost | Total Cost |           |
|---|--------|---|----------|-----------|------------|-----------|
| 1   | REAM/S | Bond Paper paper, 70gsm a4, 500 sheets per ream | 500.00   | 190.00    | 95,000.00  |           |
| <p><i>"Office Supplies: Common Use Supplies under the Year 2024 for KALAHICIDSS Implementation and Other Purposes."</i></p> |        |   |          |           |            |           |
| (Total Amount in Words)   |        | NINETY-FIVE THOUSAND PESOS ONLY                 |          |           | TOTAL      | 95,000.00 |

ACCOUNTING SECTION  
DATE: 3/22/24  
BY: 9:14 AM

REGIONAL DIRECTOR  
DATE: 3/21/24  
[Signature]

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.

|   |  |
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| Conformed: <b>TAMMY EMPORIUM</b><br>LOPEZ JAENA ST., HUMABON, BUTUAN CITY<br>REG. TIN: 143-305-053-001<br>Signature Over Printed Name of Supplier<br>Date: <b>3/26/24</b> | Very truly yours,<br><b>MARI-FLOR A. DOLLAGA-LIBANG</b><br>Signature Over Printed Name of Authorized Official<br>Regional Director |
|---|--|

|  |   |
|--|---|
| Fund Cluster: <b>02</b><br>Fund Available: _____<br><b>GRETCHEN FERNANDEZ ESCALA</b><br>Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit | DV No.: <b>24-03-3400</b> Date: <b>3/19/24</b><br>ORS/BURS No.: <b>24-03-3400</b> Date: <b>3/21</b><br>Source of Funds: <b>KC-WIS</b><br>UACS Code: <b>102301M</b><br>Responsibility Center: <b>00016-01-01-02-02</b><br>Amount: <b>₱ 95,000.00</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 may text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 \*\*