

**PURCHASE ORDER**

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

Supplier Name: <b>ALBAS COPY CENTER AND OFFICE SUPPLIES</b>	Purchase Order No.: <b>24-05-0771</b>
Address: <b>JC AQUINO</b>	Date: <b>2024-05-20</b>
TIN: <b>144-048-036-000</b>	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 15 Calendar Days After Receipt of Approved P.O.</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	BTL / S	Ink Cartridge (Epson 003 - Black) - EPSON INK 003	260.00	235.00	61,100.00
2	BTL / S	Ink Cartridge (Epson 003 - Cyan) - EPSON INK 003	130.00	235.00	30,550.00
3	BTL / S	Ink Cartridge (Epson 003 - Magenta) - EPSON INK 003	130.00	235.00	30,550.00
4	BTL / S	Ink Cartridge (Epson 003 - Yellow) - EPSON INK 003	130.00	235.00	30,550.00

DISCUSSION ON ADDL.  
DSWD FO XIII  
OF THE AUDITOR  
**RECEIVED**  
DATE: 5/31/2024 TIME: \_\_\_\_\_  
BY: \_\_\_\_\_

*"Office Supplies: Office supplies for SLP Operations use for the month of May-June 2024"*

(Total Amount in Words) **ONE HUNDRED FIFTY-TWO THOUSAND SEVEN HUNDRED FIFTY PESOS ONLY** **TOTAL** 152,750.00

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: CHRISTIAN FERNANDEZ ESCALA Very truly yours,  
Signature Over Printed Name of Supplier **MARI- FLOR A. DOLLAGA- LIBANG**  
Date: 05/31/24 Signature Over Printed Name of Authorized Official  
Regional Director  
Designation

Fund Cluster: <u>101</u>	DV No.: <u>24-05-0584</u> Date: <u>05/20/24</u>
Fund Available: <u>101</u>	ORS/BURS No.: <u>24-05-0492</u> Date: <u>05/20/24</u>
<u>GRETCHEN FERNANDEZ ESCALA</u> Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit Date: <u>5/29</u>	Source of Funds: <u>101</u>
	UACS Code: <u>5020310001</u>
	Responsibility Center: <u>00610-01-01-02-01</u>
	Amount: <u>152,750.00</u>

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 \*\*