

**PURCHASE ORDER**  
 Department of Social and Welfare and Development  
 Field Office Region XIII CARAGA

Supplier Name: <b>SAINT FRANCIS REALTY</b> Address: <b>PUROK 4, HUBANG, SAN FRANCISCO, AGUSAN DEL SUR</b> TIN: <b>129-141-854-004</b> PhilGEPS No.: _____	Purchase Order No.: <b>24-04-0600</b> Date: <b>2024-04-24</b> Mode of Procurement: <b>Lease of Real Property and Venue</b>
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**Gentlemen**  
 Please furnish this office the following articles subject to the terms and conditions contained herein.

Place of Delivery: <b>San Francisco, Agusan del Sur</b> Date of Delivery: _____	Delivery Term: <b>On the 1st day of the indicated period in the contract</b> Payment Term: <b>Within 30 days after the receipt of SOA and other required pertaining documents</b>
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#	Unit	Description	Quantity	Unit Cost	Total Cost
1	MOS.	Warehouse Rental 2 months deposit and 2 months advance (2024) - 1	4.00	78,540.00	314,160.00
2	MOS.	Warehouse Rental 8 months (starting April-November 2024) - 1	8.00	78,540.00	628,320.00

  

COMMISSION ON AUDIT  
 CIVIL DIVISION  
 OFFICE OF THE AUDITOR  
**RECEIVED**

DATE: **06/20/2024** TIME: \_\_\_\_\_  
 BY: \_\_\_\_\_

06/18/2024  
4:30 pm

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"Rent: Warehouse Rental: Operationalization of Agusan Del Sur Warehouse for Disaster Response Operation"

(Total Amount in Words)	NINE HUNDRED FOURTY-TWO THOUSAND FOUR HUNDRED EIGHTY PESOS ONLY	<b>TOTAL</b>	<b>942,480.00</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: _____ Signature Over Printed Name of Supplier <b>S-3-2024</b> Date	Very truly yours, _____ <b>MARI- FLOR A. DOLLAGA- LIBANG</b> Signature Over Printed Name of Authorized Official Regional Director Designation
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Fund Cluster: _____ Fund Available: _____ _____ <b>GRETCHEN FERNANDEZ ESCALA</b> Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit 4/30	DV No.: <b>24-04-5511</b> Date: <b>4/24/2024</b> ORS/BURS No.: <b>24-04-5115</b> Date: <b>4/24/2024</b> Source of Funds: <b>101</b> UACS Code: <b>5020465001</b> Responsibility Center: <b>76-01-01-03</b> Amount: <b>942,480.00</b>
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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 \*\*