

**PURCHASE ORDER**

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

Supplier Name: <b>GEED CONSTRUCTION AND DEV MENT CORPORATION</b>	Purchase Order No.: <b>24-04-0606</b>
Address: <b>NAVARRO ST., BRGY. TAFT, SURIGAO CITY</b>	Date: <b>2024-04-25</b>
TIN: <b>435-207-211-000</b>	Mode of Procurement: <b>Lease of Real Property and Venue</b>
PhilGEPS No.: _____	

Gentlemen  
Please furnish this office the following articles subject to the terms and conditions contained herein.

Place of Delivery: <b>Surigao City</b>	Delivery Term: <b>On the 1st day of the indicated period in the contract</b>
Date of Delivery: _____	Payment Term: <b>Within 30 days after the receipt of SOA and other required pertaining documents</b>

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	MOS.	Warehouse Rental 2 months deposit and 2 months advance (2024) - 1	4.00	137,500.00	550,000.00
2	MOS.	Warehouse Rental 6 months (staring June-November 2024) - 1	6.00	137,500.00	825,000.00

COMMISSION ON AUDIT  
DSDM-RO XIII  
OFFICE OF THE AUDITOR  
**RECEIVED**  
DATE: 5/7/2024 TIME: \_\_\_\_\_  
BY: [Signature]

DSDM CARAGA  
Surigao City, Davao del Norte  
Tel. No. (0851) 3423013 Local 101  
FACILITATION  
**RECEIVED**  
DATE: 5/6/2024  
TIME: 2:03pm  
BY: [Signature]

**"Rent: Warehouse Rental: Operationalization of Surigao del Norte Warehouse for Disaster Response Operation"**

(Total Amount in Words)	<b>ONE MILLION THREE HUNDRED SEVENTY-FIVE THOUSAND PESOS ONLY</b>	<b>TOTAL</b>	<b>1,375,000.00</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.

<p>Conforme: <u>[Signature]</u> <b>EDDIE D. GOKIANGKEE JR.</b> Signature Over Printed Name of Supplier <u>4-30-24</u> Date</p>	<p>Very truly yours, <u>[Signature]</u> <b>MARI-FLOR A. DOILAGA- LIBANG</b> Signature Over Printed Name of Authorized Official Regional Director</p>
<p>Fund Cluster: <u>101</u> Fund Available: _____ <b>GRETCHEN FERNANDEZ ESCALA</b> Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit <u>4/30</u></p>	<p>DV No.: <u>24-04-5578</u> Date: _____ ORS/BURS No.: <u>24-04-5715</u> Date: _____ Source of Funds: <u>101</u> UACS Code: <u>5029905001</u> Responsibility Center: <u>60010-D1-01-01</u> Amount: <u>1,375,000</u></p>

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 \*\*