

**PURCHASE ORDER**

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

Supplier Name: <b>RINOGRAFIX PRINTSHOP ENTERPRISE</b>	Purchase Order No.: <b>24-09-1591</b>
Address: <b>South Montilla Blvd., Butuan City</b>	Date: <b>2024-09-16</b>
TIN: <b>903-900-466-000</b>	Mode of Procurement: <b>NP Small Value Procurement</b>
PhilGEPS No.: _____	

*DRD-09-594*

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>After the receipt of final and approved lay-out or design Within 30 Working Days After the Inspection and Acceptance Report is received</b>
Date of Delivery: _____	Payment Term: _____

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PC/S	Leaflets SLP Program Briefer Specs: -Size: A4 -150 GSM Paper--Both Sides -Bi-fold - Full print - C20, 80# GLOSSY	4000.00	15.00	60,000.00

COMMISSION ON AUDIT  
DSWD FO XIII  
OFFICE OF THE AUDITOR  
**RECEIVED**

DATE: *9/16/24* TIME: \_\_\_\_\_  
BY: *[Signature]*

*"Advocacy: SLP Information Education, Communication Materials for 2024"*

(Total Amount in Words)	SIXTY THOUSAND PESOS ONLY	TOTAL	60,000.00
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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.

Conforme: **Very truly yours,**

<p><i>[Signature]</i> <b>JOSUEM P. [Signature]</b> Signature Over Printed Name of Supplier <i>9/10/24</i> Date</p>	<p>For the Regional Director: <b>TRISTAN C. TELEN, PhD, MA, RE</b> Director III / ARDA</p>	<p><b>MARI-FLOR A. DOLLAGA-LIBANG</b> Signature Over Printed Name of Authorized Official Regional Director Designation <i>[Signature]</i></p>
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Fund Cluster: <i>61</i>	DV No.: <i>24-09-14016</i> Date: <i>9/16/24</i>
Fund Available: _____	ORS/BURS No.: <i>24-09-14070</i> Date: <i>9/18/24</i>
<i>[Signature]</i> <b>GRETCHEN FERNANDEZ ESCALAN</b> Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit	Source of Funds: <i>61</i>
<i>9/15</i>	UACS Code: <i>50299020</i>
	Responsibility Center: <i>0014-01-06</i>
	Amount: <i>60,000</i>

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 \*\*