

PURCHASE ORDER

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

Supplier Name: LG SUPPLIES AND GENERAL MERCHANDISE	Purchase Order No.: 24-09-1791
Address: Butuan City	Date: 2024-09-30
TIN: _____	Mode of Procurement: NP Small Value Procurement
PhilGEPS No.: _____	

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

Place of Delivery: DSWD Caraga Regional Office, Capitol Site, Butuan City	Delivery Term: Within 30-45 Working Days After Receipt of Approved P.O.
Date of Delivery: _____	Payment Term: Within 30 Working Days After the Inspection and Acceptance Report is received

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	UNIT	Portable Sound System (with wireless microphone) - HARMAN JBL PARTY BOX OTG ESSENTIAL PORTABLE PARTY SPEAKER WITH BUILD-IN LIGHTS AND 2 WIRELESS MICROPHONE, 1x Quick-start guide, 1x Safety Instruction and Warranty Card AC power cord, 100 watts, Bluetooth, USB, AUX and TWS(True Wireless Stereo)connectivity. FEATURES: Amazing JBL Pro Sound, Synched light show, JBL wireless included, Advanced performance settings to fine-tune vocals, IPX4 splashproof protection, Convenient shoulder strap, 6 hours of playtime, Make it two, get it louder, Plug-in-play mic & guitar inputs, Seamless Bluetooth streaming, Plug in your playlist.	7.00	21,370.00	149,590.00
(Total Amount in Words)		ONE HUNDRED FOURTY-NINE THOUSAND FIVE HUNDRED NINETY PESOS ONLY	TOTAL	149,590.00	

COMMISSION ON AUDIT
DSWD FO XIII
OFFICE OF THE AUDITOR
RECEIVED

DATE: 10/15/24 TIME: _____
BY: _____

"Office Equipment: For SLP RPMO and POO(charged to CMF-SE Office Equipment)"

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 Date: <u>10/15/24</u>	Very truly yours, _____ Signature Over Printed Name of Authorized Official Regional Director Designation
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Fund Cluster: <u>101</u>	DV No.: <u>24-09-15709</u> Date: _____
Fund Available: _____	ORS/BURS No.: <u>24-09-15129</u> Date: _____
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit GRETCHEN FERNANDEZ ESCALA	Source of Funds: <u>101</u>
	UACS Code: <u>1020421002</u>
	Responsibility Center: <u>0016-d-01-02-1</u>
	Amount: <u>149,590</u>