

**PURCHASE ORDER**

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

|  |  |
|--|--|
| Supplier Name: <b>DATALAN COMMUNICATION SERVICES</b> | Purchase Order No.: <b>24-09-1685</b>                  |
| Address: <b>256 R. CALO ST., BUTUAN CITY</b>         | Date: <b>2024-09-20</b>                                |
| TIN: <b>180-603-206-000</b>                          | Mode of Procurement: <b>NP Small Value Procurement</b> |
| PhilGEPS No.: _____                                  |  |

*ONW - 10 - 0102*

**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 30 Working 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 | UNIT/S | Document Scanner (at least 50 ppm(200/300dpi) (EPSON DS-570 WII | 2.00     | 39,000.00 | 78,000.00  |

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

DATE: *10/4/2024* TIME: \_\_\_\_\_  
BY: *[Signature]*

*" : Document Scanner for Procurement Use "*

(Total Amount in Words) **SEVENTY-EIGHT THOUSAND PESOS ONLY** **TOTAL** **78,000.00**

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: *[Signature]* Very truly yours,

Signature Over Printed Name of Supplier: *APRIL N. VUA-MAN*  
Date: *10-09-2024*

For the Regional Director: **MARI-FLOR A. DOLLAGA-LIBANG**  
Signature Over Printed Name of Authorized Official  
Regional Director  
Designation

Fund Cluster: \_\_\_\_\_  
Fund Available: \_\_\_\_\_

**GRETCHEN FERNANDEZ ESCALAN**  
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit  
*6/11*

TRISTAN C. TEJAN, PhD, MA, PE  
Director III / ARDA

DV No.: *24-09-14371* Date: *9/20/2024*  
ORS/BURS No.: *24-09-143716* Date: *9/20/2024*  
Source of Funds: *101*  
UACS Code: *SD0021002*  
Responsibility Center: *00016-0-02-02-03*  
Amount: *78,000 -*

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 \*\*