

**PURCHASE ORDER**

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

Supplier Name: <b>BBA DY REALTY CORPORATION</b>	Purchase Order No.: <b>24-10-1953</b>
Address: <b>Marcos Calo Street, Butuan City, Agusan del Norte</b>	Date: <b>2024-10-18</b>
TIN: <b>009-645-950-000</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>Butuan City</b>	Delivery Term: <b>Within the day of the specified date of conduct</b>
Date of Delivery: <b>November - December 2024</b>	Payment Term: <b>Within 30 Working Days After the Inspection and Acceptance Report is received</b>

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	MOS.	Warehouse Rental 1,500 sqm x 168.00 per sqm 1 month advance and 2 months deposit 2024 - 1	3.00	252,000.00	756,000.00
2	MOS.	Warehouse Rental 1,500 sqm x 168.00 per sqm 2 months (Starting November - December 2024) - 1	2.00	252,000.00	504,000.00

**REGIONAL DIVISION ON AUDIT**  
**DSWD FO XIII**  
**OFFICE OF THE AUDITOR**  
**RECEIVED**  
 11/14/24  
 TUE 5:02 PM


*"Rent: Warehouse rental: Operationalization of Caraga Regional Warehouse for Disaster Response Operation (Transfer of warehouse for the occupancy of MDRC in CARAGA Region)."*


(Total Amount in Words)	<b>ONE MILLION TWO HUNDRED SIXTY THOUSAND PESOS ONLY</b>	<b>TOTAL</b>	<b>1,260,000.00</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.

Conforme:

Very truly yours,

  
 Signature Over Printed Name of Supplier  
 11/14/24  
 Date

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

Fund Cluster: _____	DV No.: <b>24-10-16744</b>	Date: <b>10/18/24</b>
Fund Available: _____	ORS/BURS No.: <b>24-11-17576</b>	Date: <b>11/17/24</b>
	Source of Funds: <b>101</b>	
	UACS Code: <b>502990500</b>	
	Responsibility Center: <b>16-01-01-03</b>	
	Amount: <b>1,260,000.00</b>	

  
**GRETCHEN FERNANDEZ ESCALA**  
 Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit  
 11/17

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 \*\*