

**PURCHASE ORDER**

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

Supplier Name: <b>SAVEYOUR HOME ENTERPRISES, INC.</b>	Purchase Order No.: <b>24-09-1713</b>
Address: <b>T. Calo St. Butuan City</b>	Date: <b>2024-09-24</b>
TIN: <b>718-007-651-000</b>	Mode of Procurement: <b>NP Small Value Procurement</b>
PhilGEPS No.: _____	

**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 20 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	PC/S	Mattress Foam Mattress with Cotton Cover - 3x39x75 inches - SYNTAX W/ POLY COVER	20.00	2,698.00	53,960.00
(Total Amount in Words)				<b>TOTAL</b>	<b>53,960.00</b>

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

DATE: 10/21/24 TIME: \_\_\_\_\_  
BY: [Signature]

": RRCY: Purchase of foam Mattress with cotton cover for residents"

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,

<b>PATRICK JAY S. TANQUIZON</b> SALES & MARKETING HEAD, CORPORATE SECRETARY SAVE YOUR HOME ENTERPRISES INC. TIN# 718-007-651-000 CONTACT NO. 099989675625   EMAIL: <a href="mailto:pjtanzon@gmail.com">pjtanzon@gmail.com</a>	<b>MARI-FLOR A. DOLLAGA-LIBANG</b> Signature Over Printed Name of Authorized Official Regional Director Designation
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Fund Cluster: <u>19</u>	DV No.: <u>24-09-14726</u> Date: _____
Fund Available: _____	ORS/BURS No.: <u>24-09-15779</u> Date: _____
<b>GRETCHEN FERNANDEZ ESCALA</b>	Source of Funds: <u>101</u>
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit	UACS Code: <u>56249900</u>
	Responsibility Center: <u>00016-019-9-01-9</u>
	Amount: <u>53,960</u>

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 \*\*