

ORDER

Department of Social Welfare and Development
 Office of the Regional Director
 Division Office - Davao Region XIII CARAGA

DRD-16-1421

Supplier Name: VISTAPRINTS DIGITAL PRINTING SERVICES	Purchase Order No.: 24-10-1977
Address: P-1, Taguibo, Butuan City	Date: 2024-10-23
TIN: 340-778-487-000	Mode of Procurement: NP Small Value Procurement
PhilGEPS No.: _____	

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

Place of Delivery: DSWD Caraga Regional Office, Capi...	Delivery Term: 15 working days after the receipt of final and approved lay-out or design
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	PC/S	Jacket for retirees - BOMBER JACKET	5.00	500.00	2,500.00
2	PC/S	Mugs for retirees - MUG GLASS WITH ENGRAVED	5.00	195.00	975.00
3	PC/S	Other Supplies Wooden Cutlery - WOODEN CUTLERY WITH ENGRAVED	5.00	175.00	875.00
4	PC/S	Other Supplies Wooden Clock with PEN HOLDER	5.00	375.00	1,875.00
5	PC/S	Tumbler with Design for retirees - PLASTIC TUMBLER WITH PRINT	5.00	165.00	825.00
6	PC/S	Mugs - DOUBLE WALL GLASS MUG	5.00	230.00	1,150.00
7	PC/S	Plaque for retirees - ACRYLIC PLAQUE	5.00	875.00	4,375.00
8	PC/S	Tarpaulin 6ft x 8ft - 6X8 FT FULL COLOR	2.00	900.00	1,800.00
9	PC/S	Other Supplies Flash Drive - WOODEN FLASH DRIVE ENGRAVED	150.00	385.00	57,750.00

COMMISSION ON AUDIT
 DSWD FO XIII
 OFFICE OF THE AUDITOR
RECEIVED
 DATE: 11/14/24 TIME: 5:02 PM
 BY: *[Signature]*

"Printing : SOCIAL WELFARE AND DEPARTMENT YEAR END FORUM CUM KNOWLEDGE MANAGEMENT 11.0"

(Total Amount in Words) **SEVENTY-TWO THOUSAND SEVEN HUNDRED TWENTY-FIVE PESOS ONLY** TOTAL **72,125.00**

In case of failure to make the full delivery within the time specified, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

Conforme:
[Signature]
CHESEA REBUTIA
 Signature Over Printed Name of Supplier
 Date: 11/14/24

Fund Cluster: _____
 Fund Available: _____
[Signature]
GRETCHEN FERNANDEZ ESCALA
 Signature Over Printed Name of Chief Accountant/Head of Accounting Unit

Very truly yours,
[Signature]
MARI-FLORENTINA BOLLAGA-LIBANG
 Signature Over Printed Name of Authorized Official
 Regional Director
 Designation

DV No.: 24-10-17082 Date: 10/29/2024
 ORS/BURS No.: 24-10-16284 Date: 10/29/2024
 Source of Funds: 101
 UACS Code: 5070761000
 Responsibility Center: 00016-01-01-01-01
 Amount: 72,125

This agency adheres to "NO GIFT ALLOWED" policy pursuant to the Code of Conduct and Ethical Standards for Public Officials and Employees.
 ** To track your Voucher/Payment you may text in the [PHONE NUMBER] PURCHASE ORDER NUMBER and send to 09560847559 **