Appendix 61

## **PURCHASE ORDER**

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

Pieze furnish this office the following articles subject to the terms and conditions contained herein.	Supplier Name: Address: TIN: PhilGEPS No.:	943-113-631-000		Purchase Order No.: Date: Mode of Procurement:		24-12-2176 2024-12-13 NP Small Value Procurement	
Place of Delivery:  Date of Delivery:  Date of Delivery:  Payment Term:  Payment		ease furnish this					
Description   Constitute   Co	Place of Delivery:  Date of Delivery:		DSWD Caraga Regional Office, Capitol Site, Butuan City	Delivery Term:		approved lay-out or design Within 30 Working Days After the Inspection and Acceptance	
Polo Shirts Drift - Small Polo Shirts Drift - Small Polo Shirts Drift - Large Polo Shirts Drift					Quantity	Unit Cost	Total Cost
## CONSULTATION ON THE IMPLEMENTATION OF THE SOCIAL PENSION PROGRAMS REAGAING LOCAL CHIEF EXECUTIVES (LCES), ACCOUNTANTS, TRASURERS, AND CANSULTON THOUSAND TWO HUNDRED FIFTY PESOS ONLY 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,  MARI-FLOR A. DOLLAGA-LIBANG Signature Over Printed Name of Chief Accountant/Head officeounting Division/Unit  RESIDENCE OF Funds. In Case of Funds.  Signature Over Printed Name of Chief Accountant/Head officeounting Division/Unit  RESIDENCE OF Funds. In Case of Funds.  Signature Over Printed Name of Chief Accountant/Head officeounting Division/Unit  RESIDENCE OF Funds. In Case of Funds.  Signature Over Printed Name of Chief Accountant/Head officeounting Division/Unit  RESIDENCE OF Funds. In Case of Funds.  Signature Over Printed Name of Chief Accountant/Head officeounting Division/Unit  RESIDENCE OF Funds. In Case of Funds.  Signature Over Printed Name of Chief Accountant/Head officeounting Division/Unit  RESIDENCE OF Funds. In Case of Funds.  Signature Over Printed Name of Chief Accountant/Head officeounting Division/Unit  RESIDENCE OF Funds. In Case of Funds.  Signature Over Printed Name of Chief Accountant/Head officeounting Division/Unit  RESIDENCE OF Funds.  Signature Over Printed Name of Chief Accountant/Head officeounting Division/Unit  RESIDENCE OF Funds.  Signature Over Printed Name of Chief Accountant/Head officeounting Division/Unit  RESIDENCE OF Funds.  Signature Over Printed Name of Chief Accountant/Head officeounting Division/Unit  RESIDENCE OF Funds.  Signature Over Printed Name of Chief Accountant/Head officeounting Division/Unit  RESIDENCE OF Funds.  Signature Over Printed Name of Chief Accountant/Head officeounting Division/Unit  RESIDENCE OF Funds.  Signature Over Printed Name of Chief Accounting Division/Unit  RESIDENCE OF Funds.  Signature Over Printed Name of Chief Accounting Division/Unit  RESIDENCE OF Funds.  Signa					73.00	350.00	25,550.00
## CONSULTATION ON THE IMPLEMENTATION OF THE SOCIAL PENSION  ## CONSULTATION ON THE IMPLEMENTATION OF THE SOCIAL PENSION  PROGRAM: ENGAGING LOCAL CHIEF EXECUTIVES (ICEs), ACCOUNTANTS,  TREASURERS, AND CANSULDOS OF CARAGA REGION (Advocacy Materials)*  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.  Very truly yours,  Signature Over Printed Name of Chief Accounting Division/Unit  GRETCHEN FERNANDEZ ESCALA  Signature Over Printed Name of Chief Accounting Division/Unit  GRETCHEN FERNANDEZ ESCALA  Signature Over Printed Name of Chief Accounting Division/Unit  GRETCHEN FERNANDEZ ESCALA  Signature Over Printed Name of Chief Accounting Division/Unit  GRETCHEN FERNANDEZ ESCALA  Signature Over Printed Name of Chief Accounting Division/Unit  GRETCHEN FERNANDEZ ESCALA  Signature Over Printed Name of Chief Accounting Division/Unit  GRETCHEN FERNANDEZ ESCALA  Signature Over Printed Name of Chief Accounting Division/Unit  GRETCHEN FERNANDEZ ESCALA  Signature Over Printed Name of Chief Accounting Division/Unit  GRETCHEN FERNANDEZ ESCALA  Signature Over Printed Name of Chief Accounting Division/Unit  GRETCHEN FERNANDEZ ESCALA  Signature Over Printed Name of Chief Accounting Division/Unit  GRETCHEN FERNANDEZ ESCALA  Signature Over Printed Name of Chief Accounting Division/Unit  GRETCHEN FERNANDEZ ESCALA  Signature Over Printed Name of Chief Accounting Division/Unit  GRETCHEN FERNANDEZ ESCALA  Amount 19 July 10 J					90.00	300.00	27,000.00
". CONSULTATION ON THE IMPLEMENTATION OF THE SOCIAL PENSION PROGRAM: ENGAGING LOCAL CHIEF EXECUTIVES (ICEs), ACCOUNTANTS, TREASURERS, AND CYMSUNDOS OF CARAGA REGION (Advocacy Materials)" 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:  Were Yorly yours,  When FLOR A. DOLLAGA-LIBANG Signature Over Printed Name of Authorized Official Responsibility Center.  ON NO. 3. The programment of the Cocurtant/Yead of Accounting Division/Unit RESPONSIBILITY COVER PRINTED  ON NO. 3. The programment of the Cocurtant/Yead of Accounting Division/Unit RESPONSIBILITY COVER PRINTED  ON NO. 3. The programment of the Cocurtant/Yead of Accounting Division/Unit RESPONSIBILITY CENTER OF THE COVER PRINTED  ON NO. 3. The programment of Chief Accountant/Yead of Accounting Division/Unit RESPONSIBILITY CENTER OF THE COVER PRINTED  ON NO. 3. The programment of Chief Accountant/Yead of Accounting Division/Unit RESPONSIBILITY CENTER OF THE COVER PRINTED  ON NO. 3. The programment of Chief Accountant/Yead of Accounting Division/Unit RESPONSIBILITY CENTER OF THE COVER PRINTED  ON NO. 3. The programment of Chief Accountant/Yead of Accounting Division/Unit RESPONSIBILITY CENTER OF THE COVER PRINTED  ON NO. 3. The programment of Chief Accountant of Chief Ac	3	PC/S	Polo Shirts Drifit - Medium		70.00	300.00	
": CONSULTATION ON THE IMPLEMENTATION OF THE SOCIAL PENSION PROGRAM: ENGAGING LOCAL CHIEF EXECUTIVES (LCES), ACCOUNTANTS, TREASURERS, AND C/MSWDOS OF CARAGA REGION (Advocacy Materials)"  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.  Very truly yours,  Signature Over Printed Name of Supplier  RISTAN C. TELET PLO. MA, REB  Regional Director Possignation DV No.:  GRETCHEN FERNANDEZ ESCALA  Signature Over Printed Name of Chief Accountant/Head offaccounting Division/Unit  GRETCHEN FERNANDEZ ESCALA  Signature Over Printed Name of Chief Accountant/Head offaccounting Division/Unit  Amount:  UACS Code: UACS C	4	PC/S	Polo Shirts Drifit - Large		59.00	300.00	17,700.00
": CONSULTATION ON THE IMPLEMENTATION OF THE SOCIAL PENSION PROGRAM: ENGAGING LOCAL CHIEF EXECUTIVES (LCES), ACCOUNTANTS, TREASURERS, AND C/MSWDOS OF CARAGA REGION (Advocacy Materials)"  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.  Very truly yours,  Signature Over Printed Name of Supplier  RISTAN C. TELET PLO. MA, REB  Regional Director Possignation DV No.:  GRETCHEN FERNANDEZ ESCALA  Signature Over Printed Name of Chief Accountant/Head offaccounting Division/Unit  GRETCHEN FERNANDEZ ESCALA  Signature Over Printed Name of Chief Accountant/Head offaccounting Division/Unit  Amount:  UACS Code: UACS C					1.49		
": CONSULTATION ON THE IMPLEMENTATION OF THE SOCIAL PENSION PROGRAM: ENGAGING LOCAL CHIEF EXECUTIVES (LCES), ACCOUNTANTS, TREASURERS, AND C/MSWDOS OF CARAGA REGION (Advocacy Materials)"  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.  Very truly yours,  Signature Over Printed Name of Supplier  RISTAN C. TELET PLO. MA, REB  Regional Director Possignation DV No.:  GRETCHEN FERNANDEZ ESCALA  Signature Over Printed Name of Chief Accountant/Head offaccounting Division/Unit  GRETCHEN FERNANDEZ ESCALA  Signature Over Printed Name of Chief Accountant/Head offaccounting Division/Unit  Amount:  UACS Code: UACS C							
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": CONSULTATION ON THE IMPLEMENTATION OF THE SOCIAL PENSION PROGRAM: ENGAGING LOCAL CHIEF EXECUTIVES (LCEs), ACCOUNTANTS, TREASURERS, AND C/MSWDOS OF CARAGA REGION (Advocacy Materials)"  (Total Amount in Words)  NINETY-ONE THOUSAND TWO HUNDRED FIFTY PESOS ONLY  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.  Very truly yours,  Signature Over Printed Name of Supplier  IN C. TELENHO. MA, REB Regional Director Pasignation  DV No.:  GRETCHEN FERNANDEZ ESCALA  Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit  Responsibility Center:  ONLY  MARI-FLOR A. DOLLAGA-LIBANG Signature Over Printed Name of Authorized Official DV No.:  ORS/BURS No.:  UACS Code:  UACS Code:  UACS Code:  ONLY  Amount:  ONLY  Amount:  ONLY  AMOUNT:  ONLY  ONL				DV	14/	77.75	
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 Paper of Supplier  Und Cluster:  Und Available:  GRETCHEN FERNANDEZ ESCALA  Signature Over Printed Name of Chief accountant/Head of Accounting Division/Unit  Responsibility Center:  OTAL 91,250.00  MARI-FLOR A. DOLLAGA-LIBANG Signature Over Printed Name of Authorized Official Responsibility Center:  ORS/BURS No.:  ORS/BURS NO.			PROGRAM: ENGAGING LOCAL CHIEF EXECUTIVES (LCEs), ACC	L PENSION COUNTANTS,	5000		
Conforme:  Very truly yours,  MARI- FLOR A. DOLLAGA- LIBANG Signature Over Printed Name of Supplier  RISTAN C. TELEW PHD. MA, REB  Regional Director  Date  Director in ARDA  Signature Over Printed Name of Authorized Official  Regional Director  Designation  DV No.: ARDA  ORS/BURS No.: ORS/BURS N	(Total Amou	nt in Words)				TOTAL	91,250.00
Signature Over Printed Name of Supplier  Signature Over Printed Name of Authorized Official  Regional Director  Date  Date  DV No.:  ORS/BURS No.:  ORS/BURS No.:  ORS/BURS No.:  Source of Funds:  UACS Code:  DATE  DATE  DATE  Amount:  Amount:  OND  Regional Director  Date:  DV No.:  DATE  DATE  DATE  DATE  Amount:  Amount:		lure to make the	Very truly yours,				e imposed.
Signature Over Printed Name of Chief accountant/Head of Accounting Division/Unit  Amount:  Date:  ORS/BURS No.: 10 Date:  Date:  Date:  ORS/BURS No.: 01 Date:  ORS/BU	und Cluster:	Signature O	Plate PhD. MA, RI	gnature Over I	Printed Name of Au Regional Director		
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit  Responsibility Center: 0000 - 61-61-61-61-61-61-61-61-61-61-61-61-61-6	und Available: _	10)		RS/BURS No.:	91-12-5014	Date:	
riiis agency dunieres to INO GIFT ALLOWED" policy pursuant to the abovision of D.A. CZ4.2.1		e Over Printed Na	ame of Chief Accountant/Head of Accounting Division/Unit	esponsibility C	150.00	01-101-10-101-00	