

PURCHASE ORDER

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

Supplier Name: MERCADO S SUDLANAN ATBP	Purchase Order No.: 24-12-2176
Address: Agusan del Norte, Butuan City	Date: 2024-12-13
TIN: 943-113-631-000	Mode of Procurement: NP Small Value Procurement
PhilGEPS No.: _____	

ONO-12-923

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

Place of Delivery: DSWD Caraga Regional Office, Capitol Site, Butuan City	Delivery Term: 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	Sign Pen Box Material: Faux Leather Black, Heavy Weight Sign Pen	73.00	350.00	25,550.00
2	PC/S	Polo Shirts Drift - Small	90.00	300.00	27,000.00
3	PC/S	Polo Shirts Drift - Medium	70.00	300.00	21,000.00
4	PC/S	Polo Shirts Drift - Large	59.00	300.00	17,700.00

COMMISSION ON AUDIT
DSWD FO XIII
OFFICE OF THE AUDITOR
RECEIVED

DATE: *12/13/2024*
BY: _____

"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	TOTAL	91,250.00
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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: *[Signature]* **Very truly yours,**
[Signature] **For the Regional Director:**
MARI-FLOR A. DOLLAGA- LIBANG
 Signature Over Printed Name of Authorized Official
Regional Director
 Designation

Fund Cluster: *101*
 Fund Available: *101*
GRETCHEN FERNANDEZ ESCALA
 Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit

DV No.: *24-12-1000* Date: _____
 ORS/BURS No.: *24-12-2018* Date: *12/13*
 Source of Funds: *101*
 UACS Code: *502-2-1100*
 Responsibility Center: *0001-01-01-01-04-00*
 Amount: *91,250.00*

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 ****