

PURCHASE ORDER

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

Supplier Name: MERCADO S SUDLANAN ATBP.	Purchase Order No.: 24-11-2053
Address: Agusan del Norte, Butuan City	Date: 2024-11-18
TIN: 943-113-631-000	Mode of Procurement: NP Small Value Procurement
PhilGEPS No.: _____	

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: Within 15 Working Days After Receipt of Approved P.O.
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	SET/S	Bag (Water proof emergency GO Bag) with label :DSWD and GO Bag) -Bandages 60 inches -antiseptic wipes 20 sheets per pack - Antibacterial Ointment 100grms -Burn cream 100grams -Flashlight: Mini Flashlight 600LM Q5 LED Aluminum Zoom Torch Waterproof Camping Travel Lamp With extra batteries or a hand-crank version -Whistle: Emergency Torch Portable Hiking Tool Light Outdoor Keychain Survival Compass -Emergency Blanket: Compact and lightweight for warmth -Poncho or Rain Gear: To stay dry in case of inclement weather -Multi-tool or Swiss Army Knife: Useful for various tasks. -Notebook steno 80 leaves -ballpoint pen(black)	30.00	2,800.00	84,000.00
": For F.O Emergency use."					
(Total Amount in Words) EIGHTY-FOUR THOUSAND PESOS ONLY				TOTAL	84,000.00

Mari-Flora A. Dolaga-Libang

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: *JASON S. MERCADO* Very truly yours, *Mari-Flora A. Dolaga-Libang*
 Signature Over Printed Name of Supplier Signature Over Printed Name of Authorized Official
 Date: 11-18-2024 Regional Director
Designation

Fund Cluster: _____	DV No.: <u>24-11-183399</u>	Date: <u>11/18/2024</u>
Fund Available: _____	ORS/BURS No.: <u>24-11-18700</u>	Date: <u>11/18/2024</u>
<u><i>Gretchen Fernandez Escala</i></u>	Source of Funds: <u>101</u>	
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit	UACS Code: <u>5020799000</u>	
	Responsibility Center: <u>00016-01-02-02-01</u>	
	Amount: <u>84,000.00</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 **