

PURCHASE ORDER

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

Supplier Name: COMPANERO COMMERCIAL	Purchase Order No.: 24-12-2215
Address: Lopez Jaena St., Butuan City, Agusan del Norte	Date: 2024-12-18
TIN: _____	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 30 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	PACK/S	All-Purpose Detergent Powder 1kl (POWER CLEAN)	150.00	110.00	16,500.00
2	GALLON	Alcohol Ethyl	150.00	350.00	52,500.00
3	BOTTLE/S	Disinfectant Spray 400g (SOLBAC)	150.00	420.00	63,000.00
4	BOTTLE/S	Toilet Bowl Cleaner Bleach (Mr. Muscle 500ml)	150.00	140.00	21,000.00
5	BOX	Toilet Bowl Cleaner Stick-on cleaning strip (Mr. Muscle 3s/box)	190.00	105.00	19,950.00
6	PC/S	Mop Head	65.00	135.00	8,775.00
7	PC/S	Mop Handle (Screw type, aluminum handle)	23.00	195.00	4,485.00

COMMISSION ON AUDIT
DSWD FO XIII
OFFICE OF THE AUDITOR
RECEIVED
DATE: *2/20/25*
BY: *[Signature]*

DSWD CARAGA
Capitol Site, Butuan City
Tel. No. (085) 3425618 local 110
Date: *2/20/25*
Time: *12:00*
By: *[Signature]*
RECEIVED

" : Ohter Supplies and Janitorial for FO use "

(Total Amount in Words) **ONE HUNDRED EIGHTY-SIX THOUSAND TWO HUNDRED TEN PESOS ONLY** TOTAL **186,210.00**

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,**

<p><i>[Signature]</i> JANICE RAMOS VALLEDOR Signature Over Printed Name of Supplier Date: <i>2/20/25</i></p>	<p>For the Regional Director: <i>[Signature]</i> TRISTAN C. YELAN, PH.D. MA, REE Director III / ARDA</p>	<p>MARI-FLOR A. DOLLAGA-LIBANG Signature Over Printed Name of Authorized Official Regional Director Designation: <i>[Signature]</i></p>
<p>Fund Cluster: _____ Fund Available: _____</p> <p><i>[Signature]</i> GRETCHEN FERNANDEZ ESCALA Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit</p>	<p>DV No.: <i>24-12-20605</i> Date: <i>2/18/25</i> ORS/BLRS No.: <i>24-12-20509</i> Date: <i>2/18/25</i> Source of Funds: <i>101</i> UACS Code: <i>500099000</i> Responsibility Center: <i>00016-0102-02-02</i> Amount: <i>186,210-</i></p>	

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 **