

**PURCHASE ORDER**

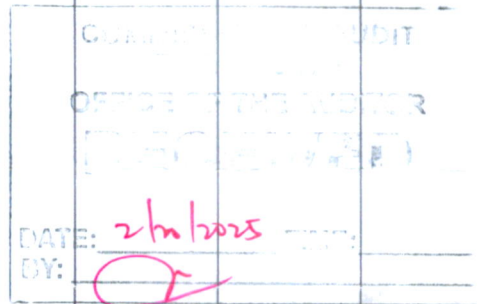
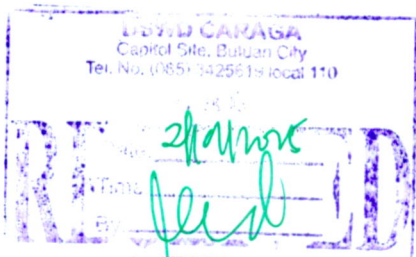
Department of Social and Welfare and Development  
Field Office Region XIII CARAGA

Supplier Name: <b>KIMSON COMMERCIAL</b>	Purchase Order No.: <b>24-12-2217</b>
Address: <b>R. Calo St. Butuan City</b>	Date: <b>2024-12-18</b>
TIN: _____	Mode of Procurement: <b>NP Small Value Procurement</b>
PhilGEPS No.: _____	

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

Place of Delivery: <b>DSWD Caraga Regional Office, Capitol Site, Butuan City</b>	Delivery Term: <b>Within 30 Working Days After Receipt of Approved P.O.</b>
Date of Delivery: _____	Payment Term: <b>Within 30 Working Days After the Inspection and Acceptance Report is received</b>

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	BOTTLE/S	Hand Soap Anti bacterial 750ml	150.00	150.00	22,500.00
2	CAN/S	Insect Killer (600ml) Baygon	150.00	400.00	60,000.00
3	GALLON	Bleach Zonrox	150.00	175.00	26,250.00
4	PC/S	Broom (Soft, Tambo)	100.00	70.00	7,000.00
5	PC/S	Broom (Tingting)	50.00	40.00	2,000.00
6	PC/S	Mop (Tornado Spin)	30.00	750.00	22,500.00
7	PACK/S	Battery AA (EVEREADY 2's))	60.00	40.00	2,400.00
8	PACK/S	Battery AAA (EVEREADY 2'S)	60.00	60.00	3,600.00
9	BOTTLE/S	Fabric Conditioner SURF, 800ml	80.00	250.00	20,000.00



**" : Ohter Supplies and Janitorial for FO use"**

(Total Amount in Words) **ONE HUNDRED SIXTY-SIX THOUSAND TWO HUNDRED FIFTY PESOS ONLY** **TOTAL** **166,250.00**

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.

<p>Conforme: <b>Elisa M. Cervantes</b> Signature Over Printed Name of Supplier Date: <b>2-20-2025</b></p>	<p>Very truly yours, <b>For the Regional Director:</b> <b>TRISTAN C. TELESA, Ph.D., MA, REB</b> Director III / ARDA</p>	<p><b>MARI-FLOR A. DOLLAGA-LIBANG</b> Signature Over Printed Name of Authorized Official Regional Director Designation <b>kw</b></p>
<p>Fund Cluster: _____ Fund Available: _____ <b>GRETCHEN FERNANDEZ ESCALA</b> Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit</p>	<p>DV No.: <b>24-12-20607</b> Date: <b>12/18/2024</b> ORS/BURS No.: <b>24-12-20605</b> Date: <b>12/18/24</b> Source of Funds: <b>101</b> UACS Code: <b>500099000</b> Responsibility Center: <b>00016-0102-020</b> Amount: <b>166,250</b></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 \*\***