

**PURCHASE ORDER**  
 Department of Social and Welfare and Development  
 Field Office Region XIII CARAGA

Supplier Name: <b>KIMSON COMMERCIAL</b> Address: <b>R. Calo St. Butuan City</b> TIN: <b>135-601-704-000</b> PhilGEPS No.: 200403-3584-100698775	Purchase Order No.: <b>25-03-0303</b> Date: <b>2025-03-12</b> Mode of Procurement: <b>Shopping</b>
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*DND-07-845*

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> Date of Delivery: _____	Delivery Term: <b>Within 15 Working Days After Receipt of Approved P.O.</b> Payment Term: <b>Within 30 Working Days After the Inspection and Acceptance Report is received</b>
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#	Unit	Description	Quantity	Unit Cost	Total Cost
1	REAM/S	Bond Paper (Substance 20 - 70GSM, A4)	1500.00	175.00	262,500.00
2	REAM/S	Bond Paper (Substance 20 - 70gsm, Legal size)	500.00	210.00	105,000.00
3	PC/S	Sign Pen (0.5mm, Black)	72.00	22.00	1,584.00
4	PC/S	Sign Pen (0.5 mm, Blue)	40.00	22.00	880.00
5	REAM/S	File Folder (Plain white, Legal size)	50.00	565.00	28,250.00

COMMISSION ON AUDIT  
 DSWD FO XIII  
 OFFICE OF THE AUDITOR  
**RECEIVED**

DATE: 3/19/25 TIME: \_\_\_\_\_  
 BY: \_\_\_\_\_

*"Office Supplies: For SLP Operations(charged to SLP-DR Office Supplies)"*

(Total Amount in Words)	THREE HUNDRED NINETY-EIGHT THOUSAND TWO HUNDRED FOURTEEN PESOS ONLY	TOTAL	398,214.00
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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]* **Jean S. Duites**  
 Signature Over Printed Name of Supplier  
 Date: 3-19-25

Very truly yours,  
*[Signature]*  
**MARI-FLOR A. DOLAGA-LIBANG**  
 Signature Over Printed Name of Authorized Official  
 Regional Director  
 Designation

Fund Cluster: <u>101</u> Fund Available: _____  ARCHIE M. TURTUR <b>GRETCHEN FERNANDEZ ESCALA</b> Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit	DV No.: <u>25-03-2813</u> Date: _____ ORS/BURS No.: <u>25-03-0110</u> Date: _____ Source of Funds: <u>101</u> UACS Code: <u>023 01 02</u> Responsibility Center: <u>06010201-01-02-01</u> Amount: <u>398,214.00</u>
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*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 \*\***