

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

Supplier Name: SANDEES PRINT AND COMPUTER CENTER	Purchase Order No.: 25-03-0304
Address: SAN FRANCISCO ST., BARANGAY HUMABON, BUTUAN CITY	Date: 2025-03-12
TIN: 716-236-505-000	Mode of Procurement: Shopping
PhilGEPS No.: 84176	

ONG-07-846

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 25 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	BOTTLE/S	Ink Cartridge (Epson 003 - Black) - GENUINE	350.00	225.00	78,750.00
<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p align="center">COMMISSION ON AUDIT DSWD PO XIII OFFICE OF THE AUDITOR RECEIVED</p> <p>DATE: <u>3/19/25</u> TIME: _____</p> <p>BY: _____</p> </div>					
		<i>"Office Supplies: For SLP Operations(charged to SLP-DR Office Supplies)"</i>			

(Total Amount in Words)	SEVENTY-EIGHT THOUSAND SEVEN HUNDRED FIFTY PESOS ONLY	TOTAL	78,750.00
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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: Very truly yours,

<p><i>Perlita S. Lacerda</i></p> <p>_____ Signature Over Printed Name of Supplier</p> <p>_____ Date</p>	<p><i>Mari-Flora A. Doilaga-Libang</i></p> <p>MARI-FLOR A. DOILAGA-LIBANG Signature Over Printed Name of Authorized Official</p> <p>Regional Director Designation</p>
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Fund Cluster: <u>101</u>	DV No.: <u>25-03-2022</u> Date: _____
Fund Available: _____	GRS/BURS No.: <u>25-03-2025</u> Date: _____
ARCHIE TURTUR	Source of Funds: <u>101</u>
GRETCHEN FERNANDEZ ESCALA	UACS Code: <u>0203101</u>
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit	Responsibility Center: <u>00016-01-01-01-01</u>
	Amount: <u>78,750.00</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 **

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