

PURCHASE ORDER

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

Supplier Name: GEED CONSTRUCTION AND DEV MENT CORPORATION	Purchase Order No.: 25-03-0434
Address: NAVARRO ST., BRGY. TAFT, SURIGAO CITY	Date: 2025-03-24
TIN: 435-207-211-000	Mode of Procurement: Lease of Real Property and Venue
PhilGEPS No.: _____	

Gentlemen

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

Place of Delivery: Surigao del Norte	Delivery Term: On the 1st day of the indicated period in the contract
Date of Delivery: _____	Payment Term: Within 30 working days after the receipt of SOA and other required pertaining documents

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	MOS.	Warehouse Rental 2 months deposit and 2 months advance (2025) - 1	4.00	137,500.00	550,000.00
2	MOS.	Warehouse Rental 8 months (staring April-November 2025) - 1	8.00	137,500.00	1,100,000.00
<div style="text-align: center;"> <p>COMMISSION ON AUDIT DSWD FO XIII OFFICE OF THE AUDITOR RECEIVED</p> <p>DATE: <u>5/20/2025</u> TIME: _____ BY: <u>[Signature]</u></p> </div> <p>"Rent: Warehouse Rental: Operationalization of Surigao Del Norte Warehouse for Disaster Response Operation"</p>					
(Total Amount in Words)			ONE MILLION SIX HUNDRED FIFTY THOUSAND PESOS ONLY		TOTAL 1,650,000.00

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,

[Signature]
GEED CONSTRUCTION AND DEV MENT CORPORATION

Signature Over Printed Name of Supplier

MAY 19, 2025

Date

[Signature]
MARI-FLOR A. DOLLAGA- LIBANG

Signature Over Printed Name of Authorized Official

Regional Director

Designation

Fund Cluster: 101

Fund Available: _____

[Signature]
AILEEN B. MOLIA

Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit

DV No.: 25-19-750

Date: _____

ORS/BURS No.: 25-19-750

Date: _____

Source of Funds: 101UACS Code: 50299 00061Responsibility Center: 00016-01-11-13

Amount: _____

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 **