PR No.: NF 2503-0208-B End-User: DRMD

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT FIELD OFFICE V

Regional Center Site, Rawis, Legazpi City, Albay

CALL OFF ORDER

		CALL OFF UNDER			
upplier:		GOLDEN CIRCLE ENTERPRISES /	PO. No.:	COO#20	025-001-007
Address:		110 PEÑARANDA ST. LEGAZPI CITY	Date:	March 21, 2025	
Contact No.			Mode of Procurement:		S UNDER FRAMEWORK REEMENT
Gentlemen:		Please furnish this Office the following articles subject to the terms and conditions contained herein:	Payment Term:	30-60 Calendar SC	Days from Receipt of DA/Billing
			Delivery Term: For Delivery Schedu		ecified below
Place of Delivery: Date of Delivery:		DSWD FO V, Rawis, Legazpi City 15 Calendar days from Reciept of call-Off	Please Contact C.M		0963-698-4404
Item No.	Unit		Quantity	Unit Cost	Amount
		TO FURNISH SUPPLIES AND MATERIALS DURING CONDUCT OF TRAINING ON HUMANITARIAN SUPPLY CHAIN MANAGEMENT FOR LGUS AND DSWD QRT MEMBERS (SORSOGON)			
1	Piece	BALLPEN additional specs: ball pointpen, 0.5mm, good quality, black	48	4.00	192.00
2	Pack		20 /	55.00	1,100.00
3	Piece	PHOTO PAPER (additional specs: A4, 230gsm, 10pcs/pack CERTIFICATE FRAME (wood with glass cover, A4)	3	175.00	525.00
		The Supplier/Contractor acknowledges and agrees that any acts falling under Section 65 (Offenses and		7-1-10 M R 0 C 2:25	1pm -
Tabal		Penalties) and Section 69 (Imposition of Administrative Penalties and Blacklisting) of the Implementing Rules and Regulations (IRR) of Republic Act No. 9184 (Government Procurement Reform Act), as well as other relevant procurement laws and regulations, shall subject the Supplier/Contractor to blacklisting, administrative, civil, and/or criminal liabilities in accordance with applicable laws and regulations.	5		-
	Amount Vords:	One Thousand Eight Hundred Seventeen Pesos and No Centa	vos	GRAND TOTAL	1,817.00
LIQUIDAT damages available	ED DAMAG reaches te	GES: One-Tenth Of One Percent (0.001) of the cost of the unperformed portion of the contract in percent (10%) of the amount of the contract, the DSWD FOV may rescind or terminate the contract in the contrac	ntract, without pre	DRMAN S.	LAURIO
1		Signature over Printed Name of Supplier			l l

Conforme:

MANILYN L. BECHAYDA

GOLDEN CIRCLE ENTERPRISES

Signature over Printed Name of Supplier

Date:

WENDYG: RANCES

Accountant III

Amount:

Accountant III

NORMAN S. LAURIO

Regional Director

ORS No.:

25-03-01900