

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

Supplier Name: FLAND JY WET MARKET AND ENTERPRISES		Purchase Order No.: 23-02-0064	
Address: POBLACION, CARMEN, AGUSAN DEL NORTE		Date: 2023-02-13	
TIN: 175-846-963-000		Mode of Procurement: NP Small Value Procurement	
PhilGEPS No: _____			
Gentlemen Please furnish this office the following articles subject to the terms and conditions contained herein.			
Place of Delivery: HFG Bon-Bon Butuan City		Delivery Term: Monthly Basis	
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	KL/S	Pork Meat	160.00	345.00	55,200.00
2	KL/S	Chicken Meat	160.00	230.00	36,800.00
3	KL/S	Ground Pork	160.00	335.00	53,600.00
4	KL/S	Ground Beef	160.00	345.00	55,200.00
5	KL/S	Hotdog regular size, 1kl	160.00	210.00	33,600.00
6	KL/S	Fish (Fresh)	160.00	335.00	53,600.00
<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> <p align="center">COMMISSION ON AUDIT C.SWD FO XIII OFFICE OF THE AUDITOR RECEIVED</p> <p>DATE: <u>3/21/2023</u> TIME: _____</p> <p>BY: _____</p> </div>					
<p align="center">": Food Expense: HFG Resident's Food Supplies (Wet Goods), First Semester 2023"</p>					
(Total Amount in Words) TWO HUNDRED EIGHTY-EIGHT THOUSAND PESOS ONLY			TOTAL		288,000.00

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

<p>Conforme: _____</p> <p align="center">VINCENT R. FINEZA</p> <p align="center">Signature Over Printed Name of Supplier</p> <p align="center">Date: _____</p>	<p align="right">Very truly yours,</p> <p align="right">_____</p> <p align="right">MARI-FLOR A. DOLAGA-LIBANG</p> <p align="right">Signature Over Printed Name of Authorized Official</p> <p align="right">Regional Director</p> <p align="right">Designation</p>
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<p>Fund Cluster: <u>161</u></p> <p>Fund Available: _____</p> <p align="center">_____</p> <p align="center">GRETCHEN FERNANDEZ ESCALA</p> <p align="center">Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit</p>	<p>DV No.: <u>23-02-021</u> Date: _____</p> <p>ORS/BURS No.: <u>23-02-1442</u> Date: _____</p> <p>Source of Funds: <u>(0)</u></p> <p>UACS Code: <u>0070702000</u></p> <p>Responsibility Center: <u>6006 01-01-010302</u></p> <p>Amount: <u>288,000</u></p>
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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 may text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 **