

PURCHASE ORDER

Department of Social and Welfare and Development

Field Office Region XIII CARAGA

Supplier Name: EL AND JY WET MARKET AND ENTERPRISES	Purchase Order No.: 23-02-0107
Address: POBLACION, CARMEN, AGUSAN DEL NORTE	Date: 2023-02-21
TIN: 175-846-963-000	Mode of Procurement: NP Small Value Procurement
PhilGEPS No.: _____	

Gentlemen

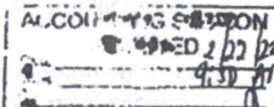
Please furnish this office the following articles subject to the terms and conditions contained herein.

Place of Delivery: P-4 BON-BON BUTUAN CITY (HOME FOR THE GIRLS)	Delivery Term: Quarterly
Date of Delivery: _____	Payment Term: Within 30 Working Days After the Inspection and Acceptance Report is received

#	Unit	Description	Quantity	Unit Cost	Total
1	GALLON	Bleach 3.785L/Gallon - zonrox	10.00	138.00	1,380
2	KL/S	Chlorine - chlorine	20.00	80.00	1,600
3	PC/S	Fabric Conditioner Antibac 1.38L - downy fabric	60.00	330.00	19,800
4	pack	Other Supplies - Detergent Powder 2kls - pride	100.00	185.00	18,600
5	CASE/S	Toilet Tissue (12 rolls per pack) 100rolls/case - femme	20.00	495.00	9,900
6	PC/S	Other Supplies - Lotion 200ml - JOHNSON	140.00	145.00	20,300
7	pack	Toothpaste 195ml (twin pack) - COLGATE	100.00	148.00	14,800
8	PC/S	Baby Powder 50g - JOHNSON	140.00	30.00	4,200
9	PC/S	Bath Soap , Baby bath soap liquid 200ml - JOHNSON	25.00	89.00	2,225
10	PC/S	Other Supplies - Broom-Wood Handle	40.00	75.00	3,000
11	PC/S	Bowl Plastic Bowls 24 oz	100.00	23.00	2,300
12	SET	Shoe Rack (size: 160cm tall x 60cm long x 30cm width) - plastic	6.00	550.00	3,300

COMMISSION ON AUDIT
CSWD FO XIII
OFFICE OF THE AUDITOR
RECEIVED

DATE: 3/21/2023 TIME: _____
BY: _____



"Subsidies Expense: HFG Resident's Household and Toiletries Supplies,
First Semester 2023"

(Total Amount in Words)	ONE HUNDRED ONE THOUSAND FOUR HUNDRED FIVE PESOS ONLY	TOTAL	101,400
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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,

Signature Over Printed Name of Supplier

Date

MARI FLORA DORTAGA-LIBANG
Signature Over Printed Name of Authorized Official
Regional Director
Designation

Fund Cluster: 10

Fund Available: _____

GRETCHEN FERNANDEZ ESCALA

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

DV No.: 23-02-1720 Date: _____ORS/BURS No.: 23-02-1720 Date: _____Source of Funds: 10UACS Code: 571491000Responsibility Center: 00010-01-01-01-02-02Amount: 101,405

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 **