## **PURCHASE ORDER**

Department of Social and Welfare and Development

		Field Office Region XIII CARAGA					
			Purchase Order N	No.:	23-09-1460		
Address:				Date: Mode of Procurement:		2023-09-05 NP Small Value Procurement	
TIN: PhilGEPS No.:			Mode of Procure	ment:	NP Small Value P	rocurement	
Gentlemen							
	ease furnish this	office the following articles subject to the terms and conditions con	ntained herein.				
Place of Deliver	y:	HOME FOR THE GIRLS BON-BON BUTUAN CITY	Delivery Term:		Weekly		
Date of Deliver	y:		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		125.00	290.00	36,250.00	
2	KL/S	Chicken Meat		125.00	190.00	23,750.00	
3	KL/S	Ground Pork		40.00	290.00	11,600.00	
4	KL/S	Ground Beef		40.00	360.00	14,400.00	
5	KL/S	Hotdog regular size, 1kl		50.00	166.80	8,340.00	
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	-	A			111X 04		
		ACCOUNTING SECTION	OF	FICE OF	HE AUDIT	OR	
		ACCOUNTING SECTION		DESCRIPTION I	TENDER	Lag.	
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		DATE: 1105 77	3	a 2 -			
		BA. J. MAIN	CATE:	21/4/20	TIME:		
		The same of same and	BY:				
		TO AND THE RESIDENCE OF THE PROPERTY OF THE LEASE OF THE PROPERTY OF THE PROPE	Name of the last o				
": Food Supplies Expense: HFG Resident's Consumption (Wet							
		Goods),October - November 2023"	+,				
(Total Amo	unt in Words)	NINETY-FOUR THOUSAND THREE HUNDRED F <del>OU</del>	PESOS ONLY	1	TOTAL	94,340.00	
			L /4 /4 O) . 5		lanca for dalance hall l		
In case of f	allure to make th	e full delivery within the time specified above, a penalty of one-tent	n (1/10) of one pe	ercent for every o	aay or delay shall l	be imposed.	
Conforme:		Very truly yours	,	1			
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K	are the Mo	e Galendina	MARI- FLO	OR A. DOULAGA	A- LIBANG		
Signature Over Printed Name of Supplier Signature Over Pr							
1 -10				Regional Directo	c.25		
Date					-		
Fund Cluster: DV No.: 27-09-					Date:		
Fund Available: ORS/BURS No. 37 - 09 - 12089 Date:							
			Source of Funds:				
GRETCHEN FERNANDEZ ESCALA UACS Code:				02670 5000			
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit  Responsibility Center					01-01-01-02-	D.	
		7/4	Amount:	# 94 7	340		
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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.

<sup>\*\*</sup> To track your Voucher/Payment you my text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 \*\*