

**PURCHASE ORDER**

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

Supplier Name: <b>ZANE MEATY SHOPPE AND GENERAL MERCHANDISE</b>	Purchase Order No.: <b>23-09-1474</b>
Address: <b>P-1 BRGY., LIBERTAD BUTUAN CITY</b>	Date: <b>2023-09-08</b>
TIN: <b>475-713-516-000</b>	Mode of Procurement: <b>NP Small Value Procurement</b>
PIIIGEPS No.:	

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

Place of Delivery: <b>Home for the Girls Bon-Bon Butuan City</b>	Delivery Term: <b>Within 15 Working Days After Receipt of Approved P.O.</b>
Date of Delivery:	Payment Term: <b>Within 30 Working Days After the Inspection and Acceptance Report is received</b>

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	case/s	Powdered Drink (Milk, 135g, 72 pcs per case) - Beer Brand 135gx72	2.00	4,285.71	8,571.42
2	SACK/S	Premium Rice 50kls/sack - Jasmen	20.00	3,100.00	62,000.00
3	PC/S	Cheese (165 grams)	10.00	62.94	629.40
4	PC/S	Spaghetti Pasta (1 kg)	5.00	44.16	220.80
5	PACK/S	Spaghetti Sauce (750g)	5.00	60.24	301.20
6	GALLON	Vinegar (4L)	5.00	190.00	950.00
7	case/s	Pancit Canton Noodles 72pcs/case	1.00	994.00	994.00
8	can	Pineapple Tidbits 227g/can	10.00	40.32	403.20

**COMMISSION ON AUDIT**  
[ SWD FO XIII  
**OFFICE OF THE AUDITOR**  
**RECEIVED**

DATE: 9/13/2023 TIME: \_\_\_\_\_  
BY: [Signature]

" : Food Supplies Expense: HFG Resident's Consumption (Dry Goods),  
September-October 2023"

(Total Amount in Words) **SEVENTY-FOUR THOUSAND SEVENTY PESOS AND 02/100** **TOTAL** **74,070.02**

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) or one percent for every day of delay shall be imposed.

Conforme: [Signature] **Very truly yours,**  
Signature Over Printed Name of Supplier **MARI-FLOR A. DOLLAGA-LIBANG**  
Date **9-13-23** Signature Over Printed Name of Authorized Official  
Regional Director  
Designation

Fund Cluster: _____	DV No.: <u>23-09-12196</u> Date: <u>9/8/2023</u>
Fund Available: _____	ORS/BURS No.: <u>23-09-1219</u> Date: <u>9/8/2023</u>
<u>[Signature]</u> <b>GRETCHEN FERNANDEZ ESCALERA</b> Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit	Source of Funds: <u>[Signature]</u>
	UACS Code: <u>502030-5001</u>
	Responsibility Center: <u>00016-01-01-01-02-02</u>
	Amount: <u>74,070.02</u>

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 \*\*