

PURCHASE ORDER

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

Supplier Name: Berry Happy Mart	Purchase Order No.: 24-08-1299
Address:	Date: 2024-08-13
TIN:	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: DSWD Caraga Regional Office, Capitol Site, Butuan City	Delivery Term: Within 15 Working Days After Receipt of Approved P.O.
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	CASE/S	Beef Loaf (250 grams x 48 pcs per case) - ARGENTINA	5.00	1,536.00	7,680.00
2	CASE/S	Corned Beef 150g x 48s - ARGENTINA	5.00	1,872.00	9,360.00
3	CASE/S	Powdered Milk 1.1kg, 12 packs per case - BIRCH TREE	5.00	4,056.00	20,280.00
4	CASE/S	Instant Noodles Beef and Chicken Flavors, 72s per case - PAYLESS NOODLES	4.00	504.00	2,016.00
5	CASE/S	Biscuits 40 packs per case - MAGIC CREAMS BUTTER	6.00	2,280.00	13,680.00
6	PACK/S	Pancit Canton Noodles - PANDA SPECIAL	2.00	149.00	298.00
7	BOX	Pancit Canton Noodles Instant pancit canton, Assorted flavors - LUCKY ME	2.00	936.00	1,872.00
8	BOX	Powdered Drink (Juice, Litro pack) Assorted flavors - TANG ORANGE	2.00	2,880.00	5,760.00
9	CASE/S	Evaporated Milk - COWBELL	2.00	1,536.00	3,072.00

COMMISSION ON AUDIT
OF THE DEPARTMENT OF SOCIAL AND WELFARE AND DEVELOPMENT
OFFICE OF THE AUDITOR
RECEIVED

DATE: 8/20/24 TIME: _____
BY: [Signature]

": RRCY: Purchase of food Supplies (August -September 2024)"

(Total Amount in Words)	SIXTY-FOUR THOUSAND EIGHTEEN PESOS ONLY	TOTAL	64,018.00
-------------------------	--	--------------	------------------

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.

Conforme: **Very truly yours,**

<p>Signature Over Printed Name of Supplier: <u>[Signature]</u> 8/20/24</p> <p>Date: _____</p>	<p>For the Regional Director:</p> <p>TRISTAN C. TELAN, PhD. MA, REB</p> <p>Director III / ARDA</p>	<p>MARI-FLOR A. DOLLAGA-LIBANG</p> <p>Signature Over Printed Name of Authorized Official</p> <p>Regional Director</p> <p>Designation</p>
<p>Fund Cluster: <u>01</u></p> <p>Fund Available: <u>01</u></p> <p>GRETCHEN FERNANDEZ ESCALA</p> <p>Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit</p>	<p>DV No.: <u>24-08-11950</u> Date: <u>08/13/24</u></p> <p>ORS/BURS No.: <u>24-08-11148</u> Date: <u>08/11/24</u></p> <p>Source of Funds: <u>01</u></p> <p>UACS Code: <u>5020905000</u></p> <p>Responsibility Center: <u>00000-01-01-01-02-01</u></p> <p>Amount: <u>64,018.00</u></p>	

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 **