

PURCHASE ORDER

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

Supplier Name: EJ AND JY WET MARKET AND ENTERPRISES	Purchase Order No.: 24-07-1213
Address: POBLACION, CARMEN, AGUSAN DEL NORTE	Date: 2024-07-30
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: Home for Girls, Bonbon, Butuan City	Delivery Term: WEEKLY after receipt of approved PO until fully delivered
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	80.00	350.00	28,000.00
2	KL/S	Chicken Meat - MANOK PINOY	50.00	195.00	9,750.00
3	KL/S	Ground Pork	25.00	340.00	8,500.00
4	KL/S	Hotdog - PUREFOODS	25.00	235.00	5,875.00
5	KL/S	Fish (Fresh) - YELLOW FIN	50.00	320.00	16,000.00
6	pack	Tocino - VIRGINIA	20.00	140.00	2,800.00
7	DOZEN	Chorizo - VROSS CHORIZO	20.00	40.00	800.00
8	pack	Ham - WINNER SWEET	20.00	135.00	2,700.00
9	PACK/S	Other Supplies Longganisa - PORK DAVAO	20.00	60.00	1,200.00

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

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

" : Food Consumption Expense: HFG Resident's Consumption (Wet Goods),
October -November 2024"

(Total Amount in Words)	SEVENTY-FIVE THOUSAND SIX HUNDRED TWENTY-FIVE PESOS ONLY	TOTAL	75,625.00
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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: _____
Signature Over Printed Name of Supplier
Date: 8/7/24

Very truly yours,
For the Regional Director:
MARI-FLOR A. DOLLAGA-LIBANG
Signature Over Printed Name of Authorized Official
Regional Director
Designation

Fund Cluster: 101
Fund Available: _____

TRISTAN C. TULEN, PhD. MA, REE
Director III / ARDA
05 AUG 2024

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

PO No.: 24-07-1213 Date: _____
ORS/BURS No.: 24-08-16029 Date: _____
Source of Funds: 101
UACS Code: 502.01.0000
Responsibility Center: 0006.01-01-01-0100
Amount: 75,625

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 **