

Account 61

PURCHASE ORDER

Department of Social and Welfare and Development
Field Office Region III - CAGAYA

24-08-1345

MABES SAVORY

Supplier Name: MABES SAVORY PLACE	Order Date: 24-08-1345
Address: Agusan del Sur, San Francisco	Date: 2024-08-20
Phone: 105 030 755 000	Number of Pages: NP Small Value Procurement
Invoice No:	

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

Place of Delivery: **RRCY Pabn ay Agusan del Sur**

Date of Delivery: **September 27 2024**

Within the day of the specified date of conduct
Within 30 working days after receipt of POA and list of agent with banking of application

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	Box	1 Meal and 1 Snack 1 MEAL Cn 1 SNACK AM Snack Spaghetti with bread and Canned Juice Lunch Beef Caldereta, Fish Kinilaw, Choptuary, Fruit Salad, Softdrink	1	55,000.00	55,000.00

**COMMISSION ON AUDIT
EDMD FO XIII
OFFICE OF THE AUDITOR
RECEIVED**

DATE: **9/16/24** TIME: _____
BY: **[Signature]**

* RRCY FOUNDATION DAY 2024 *

Total Amount in Words: **FIFTY FIVE THOUSAND PESOS ONLY** TOTAL **55,000.00**

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.

Very truly yours,

Conforme: **[Signature]**
ALFA T. CASICAR
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit
Date: **9-5-24**

WILSON A. GARCIA
Regional Director

MARI FLOR A. DOLLAGA-UBANG
Signature Over Printed Name of Business and Office
Business and Office
Designation
Date: **9-5-24**

JUSTINE GLEN PHD M
Director of RRCY

GRETCHEEN FERNANDEZ ESCALA
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit
Date: **9/9**

This agency adheres to "NO GIFT ALLOWED" policy pursuant to the provisions of RA 6713 known as the Code of Conduct and Ethical Standards for Public Officials and Employees.

** To track your vouchers/Payment you may text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09530847559 **

CERTIFIED TRUE COPY
JOWINA M. CLOROCISIMO
Administrative Assistant II