

7/30/24, 11:00 AM

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.: 24-07-1214
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	100.00	350.00	35,000.00
2	KL/S	Chicken Meat - MANOK PINOY	80.00	195.00	15,600.00
3	KL/S	Ground Pork	50.00	340.00	17,000.00
4	KL/S	Hotdog - PUREFOODS	50.00	235.00	11,750.00
5	KL/S	Fish (Fresh) - YELLOW FIN	50.00	320.00	16,000.00
6	KL/S	Tocino - VIRGINIA	50.00	140.00	7,000.00
7	DOZEN	Chorizo - VROSS CHORIZO	50.00	40.00	2,000.00
8	pack	Ham - WINNER SWEET	50.00	135.00	6,750.00
9	PACK/S	Other Supplies Longganisa - PORK DAVAO	50.00	60.00	3,000.00

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

DATE: 8/8/2024 TIME: _____
BY: [Signature]

": Food Supplies Expense: HFG Resident's Consumption (Wet Goods),
December-Stockpile 2024"

(Total Amount in Words)	ONE HUNDRED FOURTEEN THOUSAND ONE HUNDRED PESOS ONLY	TOTAL	114,100.00
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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: _____ **Very truly yours,**

[Signature] For the Regional Director: **MARI-FLORES A. DOLLAGA-LIBANG**
Signature Over Printed Name of Supplier: _____ Signature Over Printed Name of Authorized Official
Date: 8/7/24 **Regional Director**
TRISTAN C. TELEN, Ph.D. MA, REB Designation

Fund Cluster: <u>10</u>	Director II ARDA	DV No.: <u>24-08-10904</u>	Date: _____
Fund Available: _____	<u>05</u> AUG 2024	ORS/BJRS No.: <u>24-08-10410</u>	Date: _____
GRETCHEN FERNANDEZ ESCALA	<u>[Signature]</u>	Source of Funds: <u>101</u>	
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit		UACS Code: <u>5020405000</u>	
		Responsibility Center: <u>00016-0101-02-02</u>	
		Amount: <u>114,100</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 **