PURCHASE ORDER

Department of Social Welfare and Development Cordillera Administrative Office

					Alliex G-5
Supplier		ATIPSE MARKETING AND GENERAL MERCHANDISE	Purchase Order No.		2021-12-778
Address		PULLANAC TARUK CITY KALINGA	Date		12/9/2021
		BULANAO, TABUK CITY, KALINGA Mode of I		rement	SVP
Gentleme	Please	e furnish this office the following articles subject to the terms and condition	s herein.		<u> </u>
Place of Delivery		AS INDICATED		Delivery Term:	Complete
Date of Delivery		AS SCHEDULED		Payment Term:	
Stock/	Unit	Description	QTY	Unit	Total
Property		PURCHASE OF FORTIFIED FRESH MILK FOR 11TH CYCLE SFP FOR THE PROVINCE OF KALINGA		Cost	Cost
	pack	Fortified Fresh Milk, 1000ml/ pack for Rizal	1,140	88.50	100,890.00
	pack	Fortified Fresh Milk, 1000ml/ pack for Lubuagan	912	88.80	80,985.60
	pack	Fortified Fresh Milk, 1000ml/ pack for Tinglayan	912	88.80	80,985.60
		OTHER REQUIREMENTS		COMPLIANCE	
		Start of delivery will be in consonance with the delivery of goods before 9am and following the delivery schedule attached. Rescheduling of delivery date will be agreed upon by the C/MSWDO, supplier and SFP during calamities, holidays and other circumstantial situations.			
		Fresh milk must be kept in coolers, refrigerators, styroboxes and other cooling device packed with ice to prevent spoilage during delivery.		✓	
		Supplier should guarantee quality of delivered goods, otherwise items deemed reject should be replaced within the day or a buffer should be ensured every delivery		✓	
		Supplier is responsible in the loading and unloading of goods to the designated delivery sites.		1	
		Supplier should assist in the distribution of goods and must stay until distribution is done to ensure that concerns during distribution is addressed.		1	
		Delivery Site: Kalinga (MSWDO Office).		1	
- 4	t in words)	Two Hundred Sixty Two Thousand Eight Hundred Sixty One		TOTAL	262,861.20
	ailure to make	the full delivery within the time specified above, a penalty of one-tenth (1/10) of on the undelivered item/s.			
Conforme:			ADA		
(Signature over Printed N		rinted Name) Date		EL/B. GARCIA, Cor Frinted Name of A Regional Director Designation	uthorized Official
	Bank Account	Name Bank Account Number		Designation	
	TIN Number	*please tick tax type Date of BIR Registration vat non-vat			
Fund Cluster: 01 CMF CVIRN+ ORS/ BURS			ORS/ BURS No.	02-101101-2021-[2-11277	
Funds Avail	XX	(02 80)	Date of the ORS/ BURS: 12/10/2021		
WILBOURN B BACOLONG Amount: 262				262,861.20	