




PURCHASE ORDER

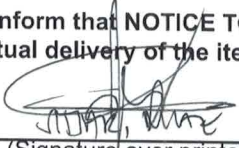

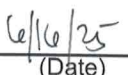
Supplier : MACATA OFFICE SUPPLIES	P.O. Number: 2025061863
Address : PUROK 10-B (POBLACION) 8113 KAPALONG DAVAO DEL NORTE PHILIPPINES	 O20250618639BF9DB1E1
TIN: 941-143-639-00000	Date : Jun 10, 2025
PhilGEPS Registration No. : 202302-334339-228772859	P.R. No. : 2025052817
Tel./Mobile/Fax No. : 09688800825	Procurement mode: Shopping B (Regular Purchase)
Registration Certificate : DTI	
Req. Office : PEEDO - DDN Hospital (IGCS Zone)	

Gentlemen: Please furnish this office the following articles subject to terms and conditons contained herein:

Date of Delivery : _____	Payment Term : ON ACCOUNT	Delivery Term: 10 Calendar Days
Place of Delivery : on site		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	50.00 SACK	RICE Specification: Local premium rice 160 50kgs/ sack	2,800.00	140,000.00

The award is based on Abstract No. **0620251661** created on **June 04, 2025** under Quotation No. **C20252015** opened on **May 29, 2025**

For the use of PEEDO - DDNH, IGACOS Zone Dietary Section	
Grand Total Amount in Words : ONE HUNDRED FORTY THOUSAND AND XX / 100	GRAND TOTAL : ₱ 140,000.00
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.	
I hereby conform that NOTICE TO DELIVER shall be served to the PLACE OF DELIVERY stated herein three (3) days before the actual delivery of the item/s covered by this Purchase Order.	
Conforme :  _____ (Signature over printed name)	Very truly yours,  GALE GUADALUPE G. MORTILERO, MSIRG, MPH Assistant Provincial Administrator (Administration) EDWIN T. JUBAHIB Governor
 _____ (Date)	_____ (Date)

NOTE: This is an important paper and will cause great inconvenience if lost. Claim for payment from the Provincial Treasurer supported by this form to be attached to the voucher.

RHEA GIN M. RAMOS