



# PURCHASE ORDER

Supplier : **J BITES CAKES & PASTRIES**

Address : **SOLLANO BLDG. QUEZON ST., MAGUGPO POBLACION, TAGUM CITY**

PhilGEPS Registration No. : **333433**  
Tel./Fax No. : **09927451482**  
Registration Certificate : **DTI**

P.O. Number: **2023114328**



**O2023114328F7A916CDA**

Date : **Nov 10, 2023**  
P.R. No. : **2023095230**  
Procurement mode: **Shopping B (Regular Purchase)**

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	25.00 sack	LOCAL PREMIUM RICE 160 / 50KG/ SACK	2,799.00	69,975.00

Remarks :  
Note: Please Coordinate the RO for the delivery of the item or any concern.

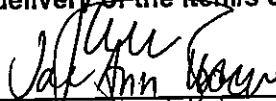
The award is based on Abstract No. **1020233671** created on **October 11, 2023** under  
Quotation No. **C20234722** opened on **September 28, 2023**


**FOR THE USED OF PEEDO DDNH, IGACOS ZONE**

Grand Total Amount in Words : **SIXTY-NINE THOUSAND NINE HUNDRED SEVENTY-FIVE AND XX / 100** GRAND TOTAL : **₱ 69,975.00**

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)  
**17 NOV 2023**  
\_\_\_\_\_  
(Date)

Very truly yours,  
By the Authority of the Governor: **EDWIN I. JUBAHIB**  
Governor  
  
GALE GUADALUPE G. W. ORTILLERO, MSLRG, MHRM  
Assistant Provincial Administrator (Administration)

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.

**ALEJANDRO R. OMILA JR.**