



Republic of the Philippines
DEPARTMENT OF AGRICULTURE
Regional Field Office - 1
City of San Fernando, La Union

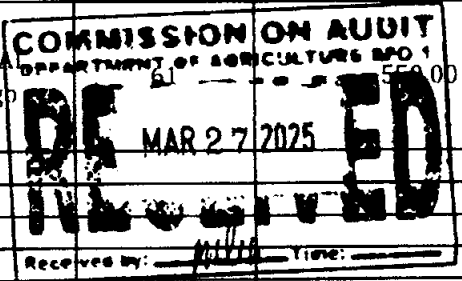
PURCHASE ORDER

ACCOUNTING SECTION
RECEIVED
FOR FUNDING
BY 0/29
WPT OF AGRICULTURE RFO

Supplier : <u>ARLEN SPECIALIZE GOODS TRADING</u>	P.O. No. <u>25 - 03 - 037</u>
Address : <u>SAN FERNANDO CITY, LA UNION</u>	Date : <u>3-24-24</u>
TIN : <u>165-391-245-000</u>	Made of Procurement: <u>SVP</u>

Gentlemen :
Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery :	DA, RFO 1, SFC, LA UNION		Delivery Term :	30 working days upon receipt of PO	
Date of Delivery :	05-07-25		Payment Term :	LDAP	
Stock	Unit	Description	Quantity	Unit Cost	Amount
	pc	Personalized Notebook, hardbound, standard cream colored inside pages 70gsm with DA logo printed and "DEPARTMENT OF AGRICULTURE ANIMAL RABIES PROGRAM" printed below the logo	61	250.00	15,250.00
	pc	Stainless-Steel Insulated Tumbler with handle, 500ml with DA logo printed and "DEPARTMENT OF AGRICULTURE RABIES PROGRAM" stamped below the logo	61	615.00	37,515.00
	pc	Personalized Vest, Reflectorized, DA logo printed and "DEPARTMENT OF AGRICULTURE ANIMAL RABIES PROGRAM" printed below the logo	61	350.00	21,350.00
	pc	Polo Shirt, with printed DA logo and "DEPARTMENT OF AGRICULTURE ANIMAL RABIES PROGRAM" printed below the logo (sublimated)	61	550.00	33,550.00
					107,665.00



(Total Amount in Words) One Hundred Seven Thousand Six Hundred Sixty-Five Pesos Only

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 on the undelivered item/s.

Conforme:	Very truly yours,
<u>ARLEN SPECIALIZE GOODS TRADING</u>	<u>JOHN B. PASCUAL, DVM</u>
Signature over Printed Name Supplier	Signature over Printed Name of Authorized Official
<u>03-29-25</u>	<u>OIC, Regional Executive Director</u>
Date	Designation
	<u>MAR 27 2025</u>

Fund Cluster : _____	ORS/BURS No.: _____
Funds Available : _____	Date of the ORS/BURS: _____
	Amount: _____
Signature over Printed Name of Chief Accountant/Head of Accounting	