Regional Field Unit No. 1
City of San Fernando, La Union

Appendix 61

PURCHASE ORDER

Supplier: ADVERVA TECHNOLOGIES, INC. Address: Baguio City TIN:	P.O. No. 25-09-405 Date: 9/05/25 Mode of Procurement: Shopping

Gentlemen:

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

Place of Delivery: DA-REO 1, City of San Fernando, La Union Date of Delivery: 10-30-25	Delivery Term: 30 working days upon conforme of supplier Payment Term: Gov't Check/LDDAP-ADA

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	unit	**Portable Color Inkjet Printer** Print Speed up to 14ppm 1.44" Colour LCD Panel Wi-Fi and Wi-Fi Direct connectivity Built-in battery ISO 24734, A4 Simplex (Black/Colour) Up to 7.0 ipm / 4.0 ipm Max papersize: 210 x 355.6mm (8.27 x 14")	2	26,282.59	52,565.18
	unit	**Wi-Fi Portable Sheet-fed Document Scanner** Scanner Type A4 sheet-fed, one-pass simplex colour scanner Optical Sensor: CIS Light Source: RGB LED Optical Resolution: 600 x 600dpi Output Resolution: 50 dpi - 1,200 dpi (1 dpi increments) Minimum Document Size: 50.8 x 70mm Maximum Document Size: 216 x 1,117 mm Support Paper Thickness: 51.8 - 128gsm ADF Capacity: 20 sheets Automatic Duplex Scanning: Yes Daily Duty Cycle: up to 500 pages / day Multi-feed Detection: Length Detection USB 3.0 connectivity	4	27,947.34	111,789.36
(Total Amount in Words)		One hundred sixty-four thousand three hundred fifty-four pesos and fifty-four cents only.			164,354.54

COMMISSION ON AUDIT
DEPARTMENT OF AGRICULTURE RFO 1
RECEIVED
SEP 19 2025
Received by: Time:

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 items.

Conforme:

CHRISTINE T. DURANTAN
Signature over Printed Name of Supplier
9/18/25
Date

Very truly yours,

DENNIS I. TACTAC, ABE
Signature over Printed Name of Authorized Official
Regional Technical Director for Operations
Designation

Fund Cluster: _____ Funds Available: _____ ARNOLD T. EBREO, CPA Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit	ORS/BURS No.: _____ Date of the ORS/BURS: _____ Amount: _____