



Republic of the Philippines  
 Department of Justice  
 National Prosecution Service  
**OFFICE OF THE REGIONAL PROSECUTOR**  
 Region VI, Hall of Justice  
 Bonifacio Drive, Iloilo City



COMMISSION ON AUDIT  
 MAS-4 - TEAM R6-11  
**RECEIVED**  
 DATE: JUN 09 2023

**PURCHASE ORDER**

Supplier: <u>Iloilo Yca-Dale Trading</u>	P.O. No.: <u>04-2023</u>
Address: <u>#32 J.M. Basa St., Iloilo City</u>	Date: <u>May 24, 2023</u>
TIN: _____	Mode of Procurement: <u>SHOPPING</u>

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

Place of Delivery: <u>OFFICE OF THE REGIONAL PROSECUTOR, 4th floor, Hall of Justice, Iloilo City</u>	Delivery Term: <u>30 Days</u>
Date of Delivery: _____	Payment Term: <u>CASH</u>

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
1	ream	Bondpaper, Substance 16	350	214.20	74,970.00
2	pack	Board Paper, A <sub>4</sub> Size	50	252.30	12,615.00
3	pcs	Correction Tape	200	35.70	7,140.00
4	pcs	Certificate Holder	100	50.00	5,000.00
5	box	Plastic Coated Fastener	60	41.65	2,499.00
6	pcs	Expanding Envelope	200	15.45	3,090.00
7	bot	Disinfectant, Concentrated Cleaner for Floor (Lysol Concentrated)	3	577.15	1,731.45
8	pcs	Air Freshener, Gel Type	10	217.20	2,172.00
9	bot	Cleaner, Toilet & Urinal	10	166.60	1,666.00
10	gal	Liquid Hand Soap	5	404.60	2,023.00
11	pack	Trash Bag, Medium	100	41.65	4,165.00
12	pcs	Fire Extinguisher (10lbs)	2	4,165.00	8,330.00
13	gal	Alcohol	10	309.40	3,094.00

(Total Amount in Words) **TOTAL 128,495.45**  
**ONE HUNDRED TWENTY EIGHT THOUSAND FOUR HUNDRED NINETY FIVE PESOS & FORTY FIVE CENTAVOS**

In case of failure to make the full delivery within the time specified above, a penalty on One tenth (1/10) on one per cent for every day of delay shall be imposed.

Conforme: <u>MA-FELY VABANAG</u> Signature Over Printed Name of Supplier <u>6-6-2023</u> Date	Very truly yours,  <b>LOUIE L. DOLIGOSA</b> OIC- Regional Prosecutor Head of Procuring Entity-NPS-Region VI
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Funds Available: _____ _____ Chief Accountant	ALOBS No.: _____ Amount: _____
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