Appendix 61

PURCHASE ORDER
Department of Education
National Capital Region
DepEd - Muntinlupa City

Supplier :	**ORLY VENTURES INC.**	P.O. No. :	**PO-RFQ-2026-06-0002**
Address :	Phase 3, Fochun Industrial Comp., Pulong Gubat, Balagtas, Bulacan	Date :	**6/23/2026**
		Mode of Procurement :	**SMALL VALUE PROCUREMENT**

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

Place of Delivery : All Public Elementary Schools in Muntinlupa City
Date of Delivery : on or before July 15, 2026 (No later than fifteen business days after receipt of the NTP)

Delivery Term : Delivered At Place

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	Piece	3.5 cubic solid top (Dual Function)Galvanized Interior,Temperature Range:-18 C or Lower; Manual Defrost Chest Freezer;Energy-efficient model;Lockable Lid for Security; Rust and corrosion resistant inner lining	20	₱ 14,499.00	₱ 289,980.00
		Mode of Delivery by schools			
		Schools:			
		District 1			
		Victoria Homes ES			
		Tunasan ES			
		Poblacion ES			
		Itaas ES			
		Muntinlupa ES			
		Putatan ES			
		Lakeview IS			
		Soldiers Hills ES			
		FDEMESA ES			
		Bayanan Main ES			
		District 2			
		Bayanan Unit 1 ES			
		Alabang ES Main			
		Filinvest Alabang ES			
		Cupang Main ES			
		Cupang Annex ES			
		Buli ES			
		Sucat Main ES			
		Bagong Silang ES			
		Sucat Zone 3 ES			
		Sucat Zone 4 ES			
		TOTAL			**₱ 289,980.00**

(Total Amount in Words) **Two Hundred Eighty Nine Thousand Nine Hundred Eighty Pesos**

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:

PADUA FREDDIE L.
Signature over Printed Name of Supplier
JUNE 23, 2026
Date

Very truly yours,

VIOLETA M. GONZALES CESO VI
Assistant Schools Division Superintendent
Officer-In-Charge
Office of the Schools Division Superintendent

Fund Cluster : _____
Funds Available : _____

KA[illegible]DINA
Signature over Printed Name of Chief Accountant/
Head of Accounting Division/Unit

ORS/BURS No. : _____
Date of the ORS/BURS: _____
Amount : _____