

PURCHASE ORDER

GENERAL SERVICES AGENCY DEPARTMENT OF ADMINISTRATION GOVERNMENT OF GUAM

148 Route 1 Marine Drive Piti. Guam 96925 TRAN CODE

P216A05563 No.

MUST APPEAR ON ALL INVOICES PACKING SLIPS, PACKAGES, B/L, CORRESPONDENCE ETC.

8/24/2021 173021133230

TO:

** CONTRACT NO

PREPAID-SHOW SHIPPING CHARGES AS SEPARATE ITEM ON INVOICE VENDOR

F0020343

SEE BELOW

CONSIGNEE, DESTINATION & MARKING DEPT OF PUBLIC HEALTH & SOCIAL SERVICES

V FARMER'S ASSOCIATION OF GUAM E N PO BOX 9227 D DEDEDO, GU 96929 0 R

Telephone: 671 647-0100 Fax: 671 647-0100 Email:

P 123 CHALAN KARETA RTE. 10 MANGILAO, GU 96923-0000 T 0 HDC6 ARP TITLE IIIC2 TIME FOR DELIVERY

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DISCOUNT TERMS

AUTHORITY 5GCA 5001 (e) ARTICLES OF SERVICES OTV UNIT UNIT PRICE AMOUNT DOCUMENT NUMBER FAC 1 COVID-19 AMERICAN RESCUE PLAN FOR THE MIXED LOCAL PRODUCE BAGS FOR HOME-DELIVERED MEALS PROGRAM. ONE DAY SERVICE TO BE DELIVERED WITHIN TWO WEEKS. INCLUDES FRESH LOCAL PRODUCE FOR DELIVERY TO THE ELDERLY COST . \$8.00 PER BAG X 1,450 CLIENTS =\$11,600.00 REF: AUTHORITY CODE: 5GCA 5001(E) PROCUREMENT OF LOCAL PRODUCE AND FISH FROM LOCAL FARMERS AND FISHERMEN REF: PRIOR PO# P206E00568 POC: DARYL DIRAS OR MONICA UNTALAN 735-7415/7421 ** NOTHING FOLLOWS **

of Guam inclusive of but not limited to taxes, fees, and returned checks plus for other damages, penalties, and Attorney's fees, after failure to pay accordingly To be coordinated between the agency and vendor ALL LATE DELIVERIES AND ACCEPTANCES ARE SUBJECT TO THE LIQUIDATED DAMAGES CLAUSE IN SECTION 6101(9)(a) OF THE GAR.

Note: Amounts due this Purchase Order may be off set for momies due the

THE GOVERNMENT OF GUAM WILL NOT BE RESPONSIBLE FOR 'UNAUTHORIZED' PURCHASES OR SERVICES.

SPECIAL INSTRUCTION S TO VENDOR: B. SEND CERTIFIED ORIGINAL AND THREE (3) COPIES OF INVOICE TO DIVISION OF ACCOUNTS, DEPARTMENT OF ADMINISTRATIONS, GOVERNMENT OF GUAM, P.O. BOX 884, AGANA, GUAM 96910.

C. PAYMENT IN THIRTY (3D) DAYS UPON RECEIPT OF MERCHANDISE IN GUAM IN GOOD CONDITION D. THIS ORDER SUBJECT TO CONDITIONS ON REVERSE SIDE.

E. * * THIS ORDER IS SUBJECT TO THE SECIAL PROVISIONS. AND BID GENERAL TERMS AND CONDITIONS SPECIFIED ON THIS BID. F. * ON ALL AIR SHIPMENTS HAVE AIR FREIGHT COMPANY CALL THIS NUMBER UPON ARRIVAL OF GOODS

IN GUAM.

SIGNATURE: AUTHORIZATION PAYMENT ENCLOSED

A. DO NOT FILL THIS ORDER IF YOUR TOTAL COST EXCEEDS THIS TOTAL

Government

INSERT CHANGES AND RETURN

CONTRACTOR: PLEASE SUPPLY PROMPTLY THE ABOVE ARTICLES OR SERVICES. ALL CORRESPONDENCE PERTAINING TO THIS ORDER INCLUDING INVOICES, SHIPPING DOCUMENTS AND PACKAGES MUST BEAR THE PURCHASE ORDER NUMBER SHOWN ABOVE.
SEE REVERSE SIDE FOR PURCHASE ORDER TERMS AND CONDITIONS

1 OF

Claudia Same Act alle

Chief Procurement, Officer

NOTE:



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CONSIGNEE, DESTINATION & MARKING DEPT OF PUBLIC HEALTH H & SOCIAL SERVICES

P 123 CHALAN KARETA RTE. 10 MANGILAO, GU 96923-0000

HDC6 ARP TITLE IIIC2

AUTHORITY 5GCA 5001 (e)

TO:

** INVITATION NO

PO BOX 9227

Email:

DEDEDO, GU 96929

FARMER'S ASSOCIATION OF GUAM

** CONTRACT NO.

TIME FOR DELIVERY SEE BELOW

T 0

AMOUNT

DISCOUNT TERMS

ARTICLES OF SERVICES DIV UNIT UNIT PRICE THIS ORDER IS SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

Telephone: 671 647-0100 Fax: 671 647-0100

- 1. Acknowledgment copy of this order must be signed and returned advising approximate or
- definite shipping date.
- 2. No variation in any of the terms, conditions, deliveries, prices, quantity, quality, or specification on this order, irrespective of the wording of the seller's acceptance, will be effective without buver's written consent.
- 3. Packing list must accompany each shipment, showing our order number, description and part, serial number for each item.
- 4. Shipments must be identified as "PARTIAL" or "COMPLETE".
- 5. Material is subject to buyer's inspection and approval within a reasonable time after delivery; if specifications are not met, material shall be returned at seller's expense.
- 6. In connection with any prompt payment discount offered, time will be computed from date of delivery and acceptance at destination, or from the date the correct invoice or voucher is received in the office specified by the Government of Guam, if the latter is later than date of delivery and acceptance. Payment is deemed to be made, for the purpose of earning discount, on the date of the mailing of the check.
- 7. Overshipments, unless specifically authorized, will not be accepted.
- 8. In connection with bid awards and contracts, this purchase order shall be governed by the Special Provisions and Bid General Terms and Conditions as specified.
- SPECIAL INSTRUCTION S TO VENDOR:
- B. SEND CERTIFIED ORIGINAL AND THREE (3) COPIES OF INVOICE TO DIVISION OF ACCOUNTS, DEPARTMENT OF ADMINISTRATIONS, GOVERNMENT OF GUAM, P.O. BOX 884, AGANA, GUAM 96910.
- C. PAYMENT IN THIRTY (30) DAYS UPON RECEIPT OF MERCHANDISE IN GUAM IN GOOD CONDITION.
- D. THIS ORDER SUBJECT TO CONDITIONS ON REVERSE SIDE.
- E. * * THIS ORDER IS SUBJECT TO THE SPECIAL PROVISIONS, AND BID GENERAL TERMS AND CONDITIONS SPECIFIED ON THIS BID

F. * ON ALL AIR SHIPMENTS HAVE AIR FREIGHT COMPANY CALL THIS NUMBER UPON ARRIVAL OF GOODS IN GUAM. SIGNATURE-

AUTHORIZATION PAYMENT

Claudia Same Act alle

EXCEEDS THIS TOTAL INSERT CHANGES AND RETURN

A. DO NOT FILL THIS ORDER

IF YOUR TOTAL COST

Chief Procurement, Officer

CONTRACTOR: PLEASE SUPPLY PROMPTLY THE ABOVE ARTICLES OR SERVICES. ALL CORRESPONDENCE PERTAINING TO THIS ORDER INCLUDING INVOICES, SHIPPING DOCUMENTS AND PACKAGES MUST BEAR THE PURCHASE ORDER NUMBER SHOWN ABOVE.
SEE REVERSE SIDE FOR PURCHASE ORDER TERMS AND CONDITIONS

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CONSIGNEE, DESTINATION & MARKING

F0020343 FARMER'S ASSOCIATION OF GUAM DEPT OF PUBLIC HEALTH E H & SOCIAL SERVICES п N PO BOX 9227 P 123 CHALAN KARETA RTE. 10 D DEDEDO, GU 96929 MANGILAO, GU 96923-0000 0 Telephone: 671 647-0100 Fax: 671 647-0100 T R Email: 0 HDC6 ARP TITLE IIIC2 AUTHORITY 5GCA 5001 (e) ** CONTRACT NO TIME FOR DELIVERY DISCOUNT TERMS

ARTICLES OF SERVICES OTV UNIT UNIT PRICE AMOUNT DOCUMENT NUMBER FAC VENDOR ACKNOWLEDGMENT RETURN TO SUPPLY MANAGEMENT DIVISION DATE OF RECEIPT OF THIS ORDER VIN REPORT I CERTIFY THE ABOVE ARTICLES AND/OR SERVICES HAVE/HAS BEEN RECEIVED AND/OR RENDERED AND THE SAME HAS BEEN INSPECTED AND ACCEPTED EXCEPT AS OTHERWISE NOTED HEREIN. DATE RECEIVED: SPECIAL INSTRUCTION S TO VENDOR: A. DO NOT FILL THIS ORDER B. SEND CERTIFIED ORIGINAL AND THREE (3) COPIES OF INVOICE TO DIVISION OF ACCOUNTS, DEPARTMENT OF ADMINISTRATIONS, IF YOUR TOTAL COST GOVERNMENT OF GUAM, P.O. BOX 884, AGANA, GUAM 96910.

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INSERT CHANGES AND RETURN

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