PURCHASE ORDER

Department of Social and Welfare and Development Field Office Region XIII CARAGA

Supplier Name:	ATTHIAH S FOO	DD HAUZ & CATERING SERVICES	Purchase Order	· No ·	23-05-0808	
Address:		, Cagdianao, Dinagat Island	Date:		2023-05-30	
TIN:	329-849-706-00	<u>00</u>	Mode of Procui	rement:	NP Small Value P	rocurement
PhilGEPS No.:						
Gentlemen						
Ple	ase furnish this	office the following articles subject to the terms and conditions	contained herein.			
Place of Delivery	/ :	Cagdianao, PDI	Delivery Term:		As Per Book Sche	dule After
Date of Delivery:		Amon (Fachitatalii-2 Fachiti-1	Denvery lerm:		Receipt of Approv	<u>ved P.O.</u>
			Payment Term:		As Per Billing	
#	Unit	Description		Quantity	Unit Cost	Total Cos
1	PAX	1 Meal and 1 Snack Day 1 x 2 conduct (Dinagat Island)		12.00	400.00	9,600.0
2	PAX	2 Meals and 1 Snack Day 1 x 2 conduct		8.00	700.00	11,200.0
3	PAX	2 meals and 2 Snacks Day 2 x 2 conduct		12.00	1 1	19,200.00
4	PAX	3 Meals and 2 Snacks Day 2 x 2 conduct	:	8.00		
5	PAX	1 Meal and 1 Snack Day 3 x 2 conduct		1	1	17,600.00
6	PAX	2 Meals and 1 Snack Day 3 x 2 conduct		12.00	1	9,600.00
		The side and I shack bay 3 x 2 conduct		8.00	700.00	11,200.00
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		DSWD CARAGA	٦.			
		DSWD CARAGA Capitol Site, Butuan City Tel. No. (085) 3425619 local 101	. :			
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		ACCOUNTING				
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		"Catering Services: Provincial Consultation and Worksho	op for System			
(Total Amoun	4 in 144 and 1	Operation (Dinagat Islands)"				
(Iotal Millouti	it iii vvorus)	SEVENTY-EIGHT THOUSAND FOUR HUNDRE	D PESOS ONLY		TOTAL	78,400.00
in case of fall		Z. 41 (4. 49)				
in case or fair	ure to make the	full delivery within the time specified above, a penalty of one-ten	th (1/10) of one pe	rcent for every da	y of delay shall be	Imposed.
Conforme:		Very truly your	S,			
	-			1 1	* .	
	*DINA	Sal De mand		WIII		
Signature Over Printed Name of Supplier			MARI- FLOR A. DOLLAGA- LIBANG			
6-9-23			Signature Over Printed Name of Authorized Official			
	-	Date	ī	legional Director Designation		
und Cluster:	(6)		DVNO: 20-1	C- Saul		
and Available:			DV No.: _21) - 05 - 5944			
				1015 D	ate:	
142	_	Territoria de la companya della companya della companya de la companya della comp	Source of Funds:	2/4/01/000		
GRETCHEN FERNANDEZ ESCALA			UACS Code: 1029901000			
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit			Responsibility Center: 000 (0 - 0) - 0) - 0) - 0)			
		<u> </u>	Amount:	<u> </u>	450	-
This agency adh	eres to " NO GIF1	"ALLOWED" policy pursuant to the provision of R.A 6713 known a	s the Code of Cond	uct and Ethical St	andards for Public	Official and
		Employees.				
1		TAGA Payment you my text in the following PO [SPACE] PURCH, tuan City	ASE ORDER NUMBI	ER and send to 09	560847559 **	
	No. (085) 3425(519 local 101			N ON AUDI	1 7
	PROCURE	MENT		DSWD		
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19h, 10h, 22 200		· American Services	DATE.	7 119122	Tation.	1
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