

**PURCHASE ORDER**

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

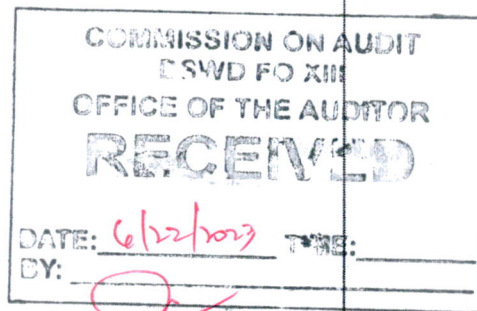
Supplier Name: <b>SHACENE PENSION HOUSE AND RESTAURANT</b>	Purchase Order No.: <b>23-05-0809</b>
Address: <b>Mabua, Tandag City</b>	Date: <b>2023-05-30</b>
TIN: _____	Mode of Procurement: <b>NP Small Value Procurement</b>
PhilGEPS No.: _____	

**Gentlemen**

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

Place of Delivery: <b>Tandag City</b>	Delivery Term: <b>As Per Book Schedule After Receipt of Approved P.O.</b>
Date of Delivery: _____	Payment Term: <b>As Per Billing</b>

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	1 Meal and 1 Snack Day 1 x 2 conduct (Surigao del Sur)	26.00	400.00	20,800.00
2	PAX	2 Meals and 1 Snack Day 1 x 2 conduct	8.00	700.00	11,200.00
3	PAX	2 meals and 2 Snacks Day 2 x 2 conduct	26.00	800.00	41,600.00
4	PAX	3 Meals and 1 Snack Day 2 x 2 conduct	8.00	1,000.00	16,000.00
5	PAX	1 Meal and 1 Snack Day 3 x 2 conduct	26.00	400.00	20,800.00
6	PAX	2 Meals and 1 Snack Day 3 x 2 conduct	8.00	700.00	11,200.00



"Catering Services: Provincial Consultation and Workshop for System Operation (Surigao del Sur)"

(Total Amount in Words)	ONE HUNDRED TWENTY-ONE THOUSAND SIX HUNDRED PESOS ONLY	TOTAL	121,600.00
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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.

Conforme:

Very truly yours,

**DECIE JEAN C. UMBRETONO**

Signature Over \_\_\_\_\_  
Printed Name of Supplier  
**G-14-23**  
Date

**MARI-FLOR A. DOLLAGA-LIBANG**

Signature Over \_\_\_\_\_  
Printed Name of Authorized Official  
**Regional Director**  
Designation

Fund Cluster: \_\_\_\_\_  
Fund Available: \_\_\_\_\_

**GRETCHEN FERNANDEZ ESCALA**

Signature Over \_\_\_\_\_  
Printed Name of Chief Accountant/Head of Accounting Division/Unit

DV No.: **23-05-6073** Date: \_\_\_\_\_  
ORS/BURS No.: **23-06-7192** Date: \_\_\_\_\_  
Source of Funds: **101**  
UACS Code: **50299 0000**  
Responsibility Center: **00016-01-01-02-03**  
Amount: **₱ 121,600**

This agency adheres to "NO GIFT ALLOWED" policy pursuant to the provision of R.A 6713 known as the Code of Conduct and Ethical Standards for Public Official and Employees.

\*\* To track your Voucher/Payment you may text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 \*\*

