

## PURCHASE ORDER

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

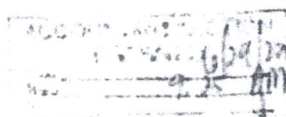
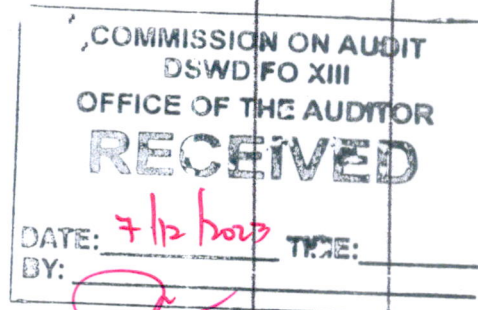
Supplier Name: <b>NERIANS PLACE</b>	Purchase Order No.: <b>23-06-1025</b>
Address:	Date: <b>2023-06-26</b>
TIN: <b>465-908-498-000</b>	Mode of Procurement: <b>NP Small Value Procurement</b>
PhilGEPS No.:	

Gentlemen

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

Place of Delivery: <b>Prosperidad, ADS</b>	Delivery Term: <b>As Per Book Schedule After Receipt of Approved P.O.</b>
Date of Delivery:	Payment Term: <b>Within 30 Working Days After the Inspection and Acceptance Report is received</b>

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	1 meal and 2 Snacks - Lot 1	37.00	500.00	18,500.00
2	PAX	1 meal and 2 Snacks - Lot 2	37.00	500.00	18,500.00
3	PAX	1 meal and 2 Snacks(2 days) - Lot 3	37.00	500.00	37,000.00
4	PAX	1 meal and 2 Snacks - Lot 4	37.00	500.00	18,500.00



"Catering Services: SOCIAL PREPARATION AND RESOURCE MOBILIZATION ACTIVITIES FOR TARGETED SLP ZERO HUNGER PROGRAM PARTICIPANTS, PROSPERIDAD, ADS"

(Total Amount in Words)	NINETY-TWO THOUSAND FIVE HUNDRED PESOS ONLY	TOTAL	92,500.00
-------------------------	---	-------	-----------

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,

*Roselyn P. Conarn*  
Signature Over Printed Name of Supplier  
7-10-23  
Date

*Mari-Flora Dolaga-Libang*  
Signature Over Printed Name of Authorized Official  
Regional Director  
Designation

Fund Cluster: *4*  
Fund Available: *92*  
*GRETCHEN FERNANDEZ ESCALA*  
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit  
6/25

DV No.: *20-06-7744* Date: *7/12/23*  
ORS/BURS No.: *20-06-2267* Date: *7/12/23*  
Source of Funds: *101*  
UACS Code: *5021499000*  
Responsibility Center: *0000-01-01-01-01*  
Amount: *92,500*

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 \*\*