

**PURCHASE ORDER**  
Department of Social and Welfare and Development  
Field Office Region XIII CARAGA

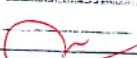
Appendix 61

|  |  |
|--|--|
| Supplier Name: <b>ALMONT BEACH RESORT</b>  | Purchase Order No.: <b>23-06-0913</b>                        |
| Address: <b>Brgy. Lipata, Surigao City</b> | Date: <b>2023-06-13</b>                                      |
| TIN: <b>000-737-636-003</b>                | Mode of Procurement: <b>Lease of Real Property and Venue</b> |
| PhilGEPS No.: _____                        |  |

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

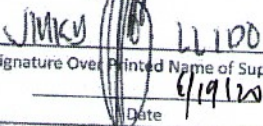
|  |  |
|--|--|
| Place of Delivery: <b>Surigao City</b> | Delivery Term: <b>As Per Book Schedule After Receipt of Approved P.O.</b>                          |
| Date of Delivery: _____                | Payment Term: <b>Within 30 Working Days After the Inspection and Acceptance Report is received</b>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

| #   | Unit | Description                                   | Quantity     | Unit Cost | Total Cost        |
|---|------|---|--------------|-----------|-------------------|
| 1   | PAX  | 2 Meals and 2 Snacks with Billeting (Day1)    | 30.00        | 1,500.00  | 45,000.00         |
| 2   | PAX  | 3 Meals and 2 Snacks with Billeting (Day2)    | 30.00        | 1,800.00  | 54,000.00         |
| 3   | PAX  | 2 meals and 2 Snacks without Billeting (Day3) | 30.00        | 800.00    | 24,000.00         |
| (Total Amount in Words) <b>ONE HUNDRED TWENTY-THREE THOUSAND PESOS ONLY</b> |      |   | <b>TOTAL</b> |           | <b>123,000.00</b> |

COMMISSION ON AUDIT  
F S W D P O XIII  
OFFICE OF THE AUDITOR  
**RECEIVED**  
DATE: 6/22/2023 TIME: \_\_\_\_\_  
BY: 

*"Catering Services: Public Relations/ Communications Management Training Workshop"*

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,  
  
Signature Over Printed Name of Supplier  
Date: 6/19/2023

**MARI FLOR A. DOLCAGA-LIBANG**  
Signature Over Printed Name of Authorized Official  
Regional Director  
Designation

|   |  |
|---|--|
| Fund Cluster: <u>(01)</u>   | DV No.: <u>23-06-0913</u> Date: _____          |
| Fund Available: _____   | ORS/BURS No.: <u>23-06-772</u> Date: _____     |
| <b>GRETCHEN FERNANDEZ ESCALA</b><br>Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit<br>Date: <u>6/19</u> | Source of Funds: <u>(01)</u>                   |
|   | UACS Code: <u>32270201000</u>                  |
|   | Responsibility Center: <u>3227020101010101</u> |
|   | Amount: <u>123,000</u>                         |

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 my text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 \*\*