

PURCHASE ORDER

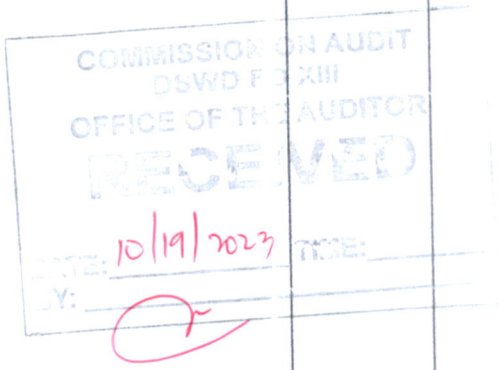
Department of Social and Welfare and Development
Field Office Region XIII CARAGA

Supplier Name: MABES SAVORY PLACE Address: Agusan del Sur, San Francisco TIN: 105-039-755-000 PhilGEPS No.: _____	Purchase Order No.: 23-10-1621 Date: 2023-10-04 Mode of Procurement: Lease of Real Property and Venue
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Gentlemen
Please furnish this office the following articles subject to the terms and conditions contained herein.

Place of Delivery: San Francisco, Agusan del Sur	Delivery Term: As Per Book Schedule After Receipt of Approved P.O.
Date of Delivery: _____	Payment Term: Within 30 Working Days After the Inspection and Acceptance Report is received

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	2 Meals and 2 Snacks with Billeting DAY 1 - Cluster 3 (San Francisco, ADS) - (AM/PM Snacks, Lunch, Dinner, Billeting)	51.00	1,500.00	76,500.00
2	PAX	2 meals and 2 Snacks DAY 1 - Cluster 3 (San Francisco, ADS) - (AM/PM Snacks, Lunch, Dinner)	4.00	800.00	3,200.00
3	PAX	2 Meals and 1 Snack DAY 2 - Cluster 3 (San Francisco, ADS) - (AM Snacks, Breakfast, Lunch)	55.00	700.00	38,500.00
"Catering Services: Data Management with Analytics Using MS Excel (3 Clusters - San Francisco, ADS)"					
(Total Amount in Words) ONE HUNDRED EIGHTEEN THOUSAND TWO HUNDRED PESOS ONLY				TOTAL	118,200.00



Handwritten notes:
10/10/23
2:06p

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,

<u>AIZA CASICAS</u> Signature Over Printed Name of Supplier _____ Date: <u>10-18-23</u>	<u>MARI-FLOR A. DOLLAGA-LIBANG</u> Signature Over Printed Name of Authorized Official _____ Regional Director Designation
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Fund Cluster: <u>02</u> Fund Available: _____ _____ GRETCHEN FERNANDEZ ESCALA Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit Date: <u>10/10</u>	DV No.: <u>23-10-14208</u> Date: <u>10/4/23</u> ORS/BURS No.: <u>23-10-14208</u> Date: <u>10/10</u> Source of Funds: <u>RC-413</u> UACS Code: <u>10202010W</u> Responsibility Center: <u>00016 OF 01-02 02</u> Amount: <u>118,200.00</u>
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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 ****