

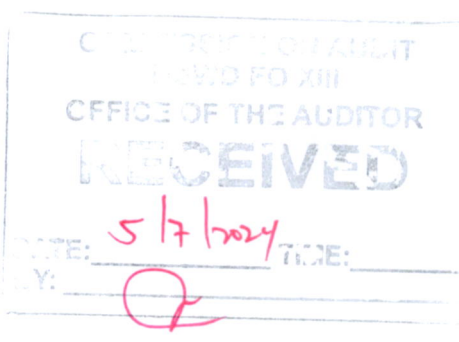
PURCHASE ORDER

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

Supplier Name: LIME AND ZEST KITCHEN	Purchase Order No.: 24-04-0615
Address: J. Rosales Avenue, Bayanihan, Butuan City	Date: 2024-04-26
TIN: 249-112-209-000	Mode of Procurement: NP Small Value Procurement
PhilGEPS No.: _____	

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

Place of Delivery: Butuan City	Delivery Term: Within the day of the specified date of conduct.
Date of Delivery: May 13, 2024	Payment Term: Within 30 Working Days After receipt of SOA and list of guests with billeting (if applicable)

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	1 meal and 2 Snacks (Agusan del Norte Cluster) (2nd-4th Quarter) (Menu MEAL: 1 Soup; 2 Main Dish (preferably beef, chicken and fish); 1 Side Dish (Vegetable or Noodles); 1 Dessert (sweets or assorted fruits); 1 Rice; 1 Softdrinks; SNACKS: AM (Kakanin); PM (Cakes or Sandwich); Drinks (Fruit Juice)	18.00	600.00	32,400.00
2	PAX	1 meal and 2 Snacks (Agusan del Sur Cluster) (2nd-4th Quarter) (Menu MEAL: 1 Soup; 2 Main Dish (preferably beef, chicken and fish); 1 Side Dish (Vegetable or Noodles); 1 Dessert (sweets or assorted fruits); 1 Rice; 1 Softdrinks; SNACKS: AM (Kakanin); PM (Cakes or Sandwich); Drinks (Fruit Juice)	21.00	600.00	37,800.00
					
		"Catering Services: 2024 SFP Quarterly Coordination Meeting with the Local Focal Persons (ADN and ADS Cluster)"			
(Total Amount in Words)		SEVENTY THOUSAND TWO HUNDRED PESOS ONLY	TOTAL	70,200.00	

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: _____
Signature Over Printed Name of Supplier
Date: **5/7/24**

Very truly yours,
MARI- FLOR A. DOLLAGA- LIBANG
Signature Over Printed Name of Authorized Official
Regional Director
Designation

Fund Cluster: **101**
Fund Available: **101**
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit
GRETCHEN FERNANDEZ ESCALA
Date: **5/13**

DV No.: **24-04-51201** Date: **04/26/24**
ORS/BURS No.: **24-05-5501** Date: **05/03/24**
Source of Funds: **101**
UACS Code: **5089908000**
Responsibility Center: **00010-01-01-01-04-01**
Amount: **70,200.00**