

PURCHASE ORDER

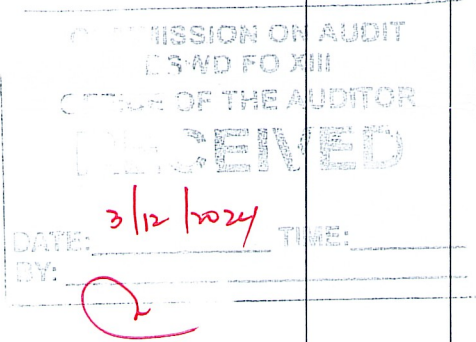
Department of Social and Welfare and Development
Field Office Region XIII CARAGA

| | |
|--|--|
| Supplier Name: FLAVORFUL CATERING SERVICES | Purchase Order No.: 24-03-0218 |
| Address: Karaga 4 Aces Bldg., Butuan City, Agusan del Norte | Date: 2024-03-04 |
| TIN: 491-776-909-000 | 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: March 12, May 7, Aug 6, Nov. 18, 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 4 sessions (Menu: AM SNACKS: Tuna Sandwich with Chips, LUNCH: Chicken Adobo, Beef Steak, Pinakbet, Spaghetti, Mango Tapioca, Drinks, Rice, PM SNACKS: Submarine Sandwich) <i>1st and 2nd Att only</i> | 38.00 | 500.00 | 76,000.00 <i>19,000</i> |
| "Catering Services: GAD-TWG Meeting" | | | | | <i>19,000</i> |



(Total Amount in Words) **SEVENTY-SIX THOUSAND PESOS ONLY** TOTAL **76,000.00**

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]* **JACKY LOU B. SALONSA**
Signature Over Printed Name of Supplier
3-11-24
Date

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

| | | |
|--|--|-------------------------------|
| Fund Cluster: <u>101</u> | DV No.: <u>24-03-2688</u> | Date: <u>03/04/24</u> |
| Fund Available: <u>101</u> | ORS/BURS No.: <u>24-03-8753</u> | Date: <u>03/07/24</u> |
| <i>[Signature]</i> GRETCHEN FERNANDEZ ESCALA Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit <i>3/8</i> | Source of Funds: <u>101</u> | UACS Code: <u>50299103000</u> |
| | Responsibility Center: <u>00010-01-04-01</u> | Amount: <u>19,000.00</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 **