

**PURCHASE ORDER**

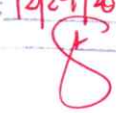
Department of Social and Welfare and Development  
Field Office Region XIII CARAGA

Supplier Name: <b>LIME AND ZEST KITCHEN</b>	Purchase Order No.: <b>23-12-2260</b>
Address: <b>J. Rosales Avenue, Bayanihan, Butuan City</b>	Date: <b>2023-12-21</b>
TIN: <b>249-112-209-000</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>DSWD Caraga Regional Office, Capitol Site, Butuan 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 without Billeting (Day 1-for secretariat and RP)Batch 1	5.00	800.00	4,000.00
2	PAX	2 Meals and 2 Snacks with Billeting (Day 1-for participants)Batch 1	40.00	1,700.00	68,000.00
3	PAX	1 meal and 2 Snacks without Billeting (Day 2-for secretariat and RP)Batch 1	5.00	500.00	2,500.00
4	PAX	2 meals and 2 Snacks without Billeting (Day 2-for participants)Batch 1	40.00	800.00	32,000.00
5	PAX	2 meals and 2 Snacks without Billeting (Day 1-for secretariat and RP)Batch 2	5.00	800.00	4,000.00
6	PAX	2 Meals and 2 Snacks with Billeting (Day 1-for participants)Batch 2	40.00	1,700.00	68,000.00
7	PAX	1 meal and 2 Snacks without Billeting (Day 2-for secretariat and RP)Batch 2	5.00	500.00	2,500.00
8	PAX	2 meals and 2 Snacks without Billeting (Day 2-for participants)Batch 2	40.00	800.00	32,000.00


OFFICE OF THE AUDITOR  
RECEIVED  
DATE: 12/29/2023 TIME: 2:44  
BY: 

**"Board and Lodging: Basic Writeshop and Mobile Photography for SLP staff(2 batches) charged to advertising expense"**


(Total Amount in Words) **TWO HUNDRED THIRTEEN THOUSAND PESOS ONLY** TOTAL **213,000.00**

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 Over Printed Name of Supplier  
Date: 12/29/23

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

For the Regional Director:  
TRISTAN... EN, Ph.D. MA, REE  
DEC 28 2023

Fund Cluster: <u>101</u>	DV No.: <u>23-12-1994</u> Date: _____
Fund Available: _____	ORS/BURS No.: <u>23-12-1000</u> Date: _____
 <b>GRETCHEN FERNANDEZ ESCALA</b> Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit Date: <u>12/27</u>	Source of Funds: <u>101</u> UACS Code: <u>019+0100</u> Responsibility Center: <u>00010-01-01-02-01</u> Amount: <u>213,000</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 \*\*