

**PURCHASE ORDER**

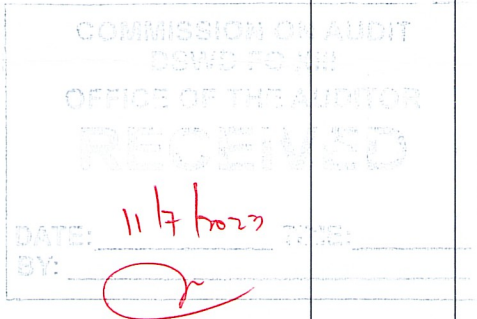
Department of Social and Welfare and Development  
Field Office Region XIII CARAGA

Supplier Name: <b>VCDU PRINCE HOTEL INC.</b>	Purchase Order No.: <b>23-10-1696</b>
Address: <b>MONTILLA BLVD., BUTUAN CITY</b>	Date: <b>2023-10-17</b>
TIN: <b>420-017-085-000</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>Butuan City</b>	Delivery Term: <b>As Per Book Schedule After Receipt of Approved P.O.</b>
Date of Delivery: _____	Payment Term: <b>As Per Billing</b>

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	3 Meals and 2 Snacks with Billeting (DAY 1): BREAKFAST: Fried Bangus, Scrambled Eggs, Rice, Fruits. AM SNACKS: Ensaymada, Lemonade, LUNCH: Beef w/ Broccoli, Mixed Veg., Pako Salad, Rice, Drinks, PM SNACKS: Special Mamon, Buko juice, DINNER: Chicken Teriyaki, Bihon, Macaroni Salad, Drinks	62.00	2,000.00	124,000.00
2	PAX	2 Meals and 2 Snacks (DAY 1): BREAKFAST: Fried Bangus, Scrambled Eggs, Rice, Fruits. AM SNACKS: Ensaymada, Lemonade, LUNCH: Beef w/ Broccoli, Mixed Veg., Pako Salad, Rice, Drinks, PM SNACKS: Special Mamon, Buko juice	44.00	800.00	35,200.00



**"Catering Services: MCCT Support Intervention Summit cum Sharing Session (Annual)"**

(Total Amount in Words)	<b>ONE HUNDRED FIFTY-NINE THOUSAND TWO HUNDRED PESOS ONLY</b>	<b>TOTAL</b>	<b>159,200.00</b>
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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: 11/6/23

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

Fund Cluster: <u>101</u>	DV No.: <u>23-10-15179</u> Date: _____
Fund Available: _____	ORS/BURS No.: <u>23-10-15647</u> Date: _____
_____ <b>GRETCHEN FERNANDEZ ESCALA</b> Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit Date: <u>10/27</u>	Source of Funds: <u>101</u>
	UACS Code: <u>562950700</u>
	Responsibility Center: <u>00016-01-01-02-00</u>
	Amount: <u>159,200</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 \*\*