

**PURCHASE ORDER**

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

Supplier Name: <b>KAWA RESORT</b>	Purchase Order No.: <b>23-12-2284</b>
Address: <b>MALINAO, GENERAL LUNA, SURIGAO DEL NORTE</b>	Date: <b>2023-12-27</b>
TIN: <b>932-520-952-001</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>General Luna, Surigao del Norte</b>	Delivery Term: <b>As Per Book Schedule After Receipt of Approved P.O. Within 30 Working Days After the Inspection and Acceptance Report is received</b>
Date of Delivery: _____	Payment Term: _____

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	3 Meals and 2 Snacks with Billeting for 2 days	25.00	2,300.00	115,000.00
<p><b>COMMISSION ON AUDIT DSWD FO XIII OFFICE OF THE AUDITOR RECEIVED</b></p> <p>DATE: <u>1/17/2024</u> TIME: _____ BY: <u>[Signature]</u></p>			<p><b>DSWD CARAGA</b> Capitol Site, Butuan City Tel. No. (085) 3425619 local 101</p> <p><b>PROCUREMENT RECEIVED</b></p> <p>Date: <u>1/15/24</u> Time: <u>4:25 pm</u> By: <u>[Signature]</u></p>		
<p><i>"Catering Services: Capacity Building on Camp Coordination and Management for TeamBRE Volunteers of Burgos, Surigao del Norte"</i></p>			<b>TOTAL</b>		<b>115,000.00</b>

(Total Amount in Words) **ONE HUNDRED FIFTEEN THOUSAND PESOS ONLY**

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,** \_\_\_\_\_

**MERIAM P. PODADERA** **MARI-FLOR A. DOLLAGA- LIBANG**  
Signature Over Printed Name of Supplier Signature Over Printed Name of Authorized Official  
Date: 1-3-2024 Designation: Regional Director

Fund Cluster: \_\_\_\_\_ DV No.: \_\_\_\_\_ Date: \_\_\_\_\_  
Fund Available: \_\_\_\_\_ ORS/BIJRS No.: \_\_\_\_\_ Date: \_\_\_\_\_  
Source of Funds: \_\_\_\_\_  
UACS Code: \_\_\_\_\_  
Responsibility Center: \_\_\_\_\_  
Amount: \_\_\_\_\_

**GRETCHEN FERNANDEZ ESCALA**  
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit  
12/29

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 \*\*