

PURCHASE ORDER
 Department of Social Welfare & Development
 Field Office Region XIII Caraga

Supplier: LIME AND ZEST KITCHEN Address: J. Rosales Avenue, Bayanihan, Butuan City TIN : PhilGEPS Registration No.: Gentlemen:	P.O. No. : 24-02-0177 Date : 2024-02-29 Mode of Procurement : NP Small Value Procurement
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Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : DSWS Caraga Regional Office, Capitol Site, Butuan City Date of Delivery : March 7, 2024	Delivery Term : March 7, 2024 Payment Term : Within 30 Working Days After Receipt of SOA and list of guests with billeting if applicable.
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Stock/Property No.	Unit	Description	Quantity	Unit Cost	TOTAL
1	pax	1 Meal and 1 Snack - Lunch and AM Snacks (PANATA Awarding)	190	400.00	76,000.00
		2 Meals and 1 Snack - Lunch, PM Snacks, and Dinner (PRAISE Awarding)	190	700.00	133,000.00
		3 Meals and 1 Snack - dinner, billeting, breakfast, AM snacks, and lunch (PANATA Awarding)	60	2,500.00	150,000.00
		1 Meal and 1 Snack -Dinner and PM Snacks (PRAISE Awarding)	60	400.00	24,000.00
MENU(PANATA):					
AM SNACK: Ensaymada, Four Season Juice					
LUNCH: Pumpkin Soup, Lumpiang Gulay, Beef with Pepper Gravy, Salt & Pepper Chicken, Steamed Rice, Tropical Fruit Salad, Softdrinks					
PM SNACK: Nuts/Chips/Raisins					
DINNER: Spicy Nilagang Baka, Beef Stew, Herb Roasted Chicken, Steamed Rice, Buko Pandan with mango, Softdrinks					
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> COMMISSION ON AUDIT DSWD FO XIII OFFICE OF THE AUDITOR RECEIVED DATE: <u>3/7/2024</u> TIME: _____ BY: <u>[Signature]</u> </div>					
"Catering Services:DSWD Caraga 73rd Anniversary Celebration"					

(Total Amount in Words)	THREE HUNDRED EIGHTY-THREE THOUSAND PESOS ONLY	TOTAL	383,000.00
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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 on the undelivered item/s.

Conforme: [Signature]
 Signature over Printed Name of Supplier
 Date: 3/6/24

Very truly yours,
[Signature]
MARI-FLORES DOLLAGA-LIBANG
 Signature over Printed Name of Authorized Official
 Regional Director
 Designation [Signature]

Fund Cluster : <u>101</u> Funds Available : _____ <u>[Signature]</u> GRETCHEN F. ESCALA Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit	DV No. : <u>24-02-2456</u> Date: _____ ORS/BURS No. : <u>24-02-2397</u> Date: _____ Source of Funds: <u>101</u> UACS Code: <u>001950700</u> Responsibility Center: <u>0016-01-03-0302</u> Amount: <u>383,000</u>
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