

PURCHASE ORDER

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

24-05-0660

Supplier Name: ALMONT BEACH RESORT	Purchase Order No: 24-05-0660
Address: Brey, Lipata, Surigao City	Date: 2024-05-03
TIN: 000-737-636-003	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: Surigao City	Delivery Term: JEFF, 26-27, 2024
Date of Delivery: JEFF, 26-27, 2024	Payment Term: Within 30 working days after receipt of SOA and list of guests with billing (if applicable).

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	2 Meals and 2 Snacks with Billing (Day 1: Lunch, Snacks and Dinner) 2 Main Dish, 1 Side Dish, Dessert, Softdrinks, Rice	35.00	2,200.00	77,000.00
2	PAX	2 meals and 2 Snacks without Billing (Day 2: Breakfast, Snacks, and Lunch) 2 Main Dish, 1 Side Dish, Dessert, Softdrinks, Rice	35.00	1,100.00	38,500.00

"Catering Services- SULONG DUNONG: SLP Technical Sharing Session of RPMO and POO Technical Staff, Surigao City"

Total Amount in Words: ONE HUNDRED FIFTEEN THOUSAND FIVE HUNDRED PESOS ONLY	TOTAL	115,500.00
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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 the amount for every day of delay shall be imposed.

Conforme:  Very truly yours, 
 Signature Over Printed Name of Supplier: **MARI FLORA DOLAGA LIBANG**
 Signature Over Printed Name of Authorized Official: **Regional Director**
 Date: **06-07-2024**

Fund Cluster: 13	DR No: 24-05-0660 Date: 05/03/24
Fund Available: 13	OP/BURS No: 24-05-0660 Date: 05/03/24
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Head: GRETCHEN FERNANDEZ ESCALA	Source of Funds: 13
Date: 5/29	UACS Code: 24050660
	Responsibility Center: 1300-10-2102-01
	Amount: 115,500.00

This document 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 Officials and Employees.

** To track your Voucher/ Payment you may text in the following: PO [SPACE] PURCHASE ORDER NUMBER

COMMISSION ON AUDIT
C.S.WD FO XIII
OFFICE OF THE AUDITOR
RECEIVED

DATE: **06/05/2024** TIME: _____
 BY: 