

**PURCHASE ORDER**

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

Supplier Name: <b>PROVINCIAL TREASURERS OFFICE - AGUSAN DEL SUR</b>	Purchase Order No.: <b>24-04-0472</b>
Address: <b>Patin-ay, Prosperidad, Agusan del Sur</b>	Date: <b>2024-04-08</b>
TIN: <b>180-000-560-910</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>Prosperidad, ADS</b>	Delivery Term: <b>Within the day of the specified date of conduct</b>
Date of Delivery: <b>April 23, 2024</b>	Payment Term: <b>Within 30 working days after receipt of SOA and list of guests with billiting (if applicable)</b>

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	1 meal and 2 Snacks (2 main dish, 1 side dish, rice, dessert, drinks)	217.00	637.00	138,229.00
<p>COMMISSION ON AUDIT DSWD FC XIII OFFICE OF THE AUDITOR RECEIVED</p> <p>DATE: <b>04/17/24</b> TIME: _____ BY: <b>[Signature]</b></p>					
<p>"Catering Services: Agusan Del Sur Semestral POO and C/MOO Planning Workshop on Strategic Priorities, PGS, OPC, PGS and IPC"</p>					

(Total Amount in Words)	ONE HUNDRED THIRTY-EIGHT THOUSAND TWO HUNDRED TWENTY-NINE PESOS ONLY	TOTAL	138,229.00
-------------------------	--	-------	------------

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: \_\_\_\_\_ Very truly yours,

**PROVINCIAL LEARNING CENTER / THE SIGE ROSE S. BULLON**  
Signature Over Printed Name of Supplier  
Date: **04/16/2024**

**MARI-FLOR A. DOLLAGA-LIBANG**  
Signature Over Printed Name of Authorized Official  
Regional Director  
Designation **4**

Fund Cluster: _____	DV No.: <b>24-04-472</b> Date: _____
Fund Available: _____	ORS/BURS No.: <b>24-04-472</b> Date: _____
<b>GRETCHEN FERNANDEZ ESCALA</b> Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit Date: <b>4/15</b>	Source of Funds: <b>01</b>
	UACS Code: <b>302300000</b>
	Responsibility Center: <b>01-01-02-03</b>
	Amount: <b>138,229</b>

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 \*\*