

**PURCHASE ORDER**

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

Supplier Name: <b>LIME AND ZEST KITCHEN</b>	Purchase Order No.: <b>24-06-0910</b>
Address: <b>J. Rosales Avenue, Bayanihan, Butuan City</b>	Date: _____
TIN: <b>249-112-209-000</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>Butuan City</b>	Delivery Term: <b>Within the day of the specified date of conduct</b>
Date of Delivery: <b>July 30, 2024</b>	Payment Term: <b>Within 30 Working Days After the Inspection and Acceptance Report is received</b>

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	3 Meals and 2 Snacks with Billeting Participants with Meals and Accommodation	80.00	1,930.00	154,400.00
2	PAX	1 meal and 2 Snacks Participants with no accommodation	70.00	600.00	42,000.00
<p><b>Menu: 2 side dish, 1 side dish, fruits, softdrinks, rice, 2 snacks</b></p>					
<p><b>"Catering Services: Social Welfare and Development Mid-Year Forum cum Knowledge Fair V. 10.0"</b></p>					

(Total Amount in Words) **ONE HUNDRED NINETY-SIX THOUSAND FOUR HUNDRED PESOS ONLY** TOTAL 196,400.00

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,

Signature Over Printed Name of Supplier  
 Date: **7/2/2024**

For the Regional Director:  
**TRISTAN C. TALEN, PhD. MA, REd**  
 Director III / ARDA

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

Fund Cluster: \_\_\_\_\_

Fund Available: \_\_\_\_\_

**GRETCHEN FERNANDEZ ESCALA**  
 Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit  
 Date: **7/1**

DV No.: **24-06-3952** Date: \_\_\_\_\_  
 ORS/BURS No.: **24-06-8763** Date: **6/27/2024**  
 Source of Funds: **101**  
 UACS Code: **5070701000**  
 Responsibility Center: **00016-01-0101-01**  
 Amount: **196,400**

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 \*\*