

# PURCHASE ORDER

Department of Social and Welfare and Development  
Field Office Region XII - CARAGA

24-06-0980

Supplier Name: <b>ALMONT BEACH RESORT</b>	Purchase Order No: <b>24-06-0980</b>
Address: <b>Brgy. Lipata, Surigao City</b>	Date: <b>2024-06-26</b>
TIN: <b>000-737-636-001</b>	Mode of Procurement: <b>NP Small Value Procurement</b>
PHIGEPS No:	

**Gentlemen:** Please furnish this office the following articles subject to the terms and conditions contained herein.

Place of Delivery: <b>Surigao del Norte</b>	Delivery Term: <b>4 Days</b>
Date of Delivery: <b>September 17, 20, 2024</b>	Payment Term: <b>Within 30 working days after receipt of SOA and list of event with billeting (if applicable)</b>

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PACK/S	2 Meals and 1 Snack with Billeting - Day 1 (2 main dish, 1 side dish, dessert, rice, softdrinks)	49.00	1,710.00	83,790.00
2	PACK/S	3 Meals and 2 Snacks with Billeting - Day 2 (2 main dish, 1 side dish, dessert, rice, softdrinks)	49.00	2,160.00	105,840.00
3	PACK/S	3 Meals and 2 Snacks with Billeting - Day 3 (2 main dish, 1 side dish, dessert, rice, softdrinks)	49.00	2,160.00	105,840.00
4	PAX	2 Meals and 1 Snack without Billeting - Day 4 (2 main dish, 1 side dish, dessert, rice, softdrinks)	49.00	950.00	46,510.00
				<b>TOTAL</b>	<b>342,020.00</b>

COMMISSION ON AUDIT  
DSWD FO XII  
OFFICE OF THE AUDITOR  
**RECEIVED**

DATE: 7/14/24 TIME: \_\_\_\_\_  
BY: [Signature]

*"Catering Services. Activity proposal on Learning Development Intervention(LDI)on Leadership Development, Capacity Building and Soft Skills Workshop for Technical and Support Staff of the Food Stamp Program NPMO"*

THREE HUNDRED FOURTY-TWO THOUSAND TWENTY 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.

Conformer <u>[Signature]</u> <b>MA. BREN ESCALANTE LEVIA</b> Signature Over Printed Name of Supplier Date: <b>7-3-24</b>	Very truly yours, <u>[Signature]</u> <b>CRISTAN C. TEJEN, PhD, MA</b> Signature Over Printed Name of Authorized Official Designation: <b>Regional Director</b>	DV No: <b>24-06-0980</b> Date: <b>6/26/2024</b> ORS/BURS: <b>24-06-0980</b> Date: <b>6/27/2024</b> Source of Funds: <b>101</b> UACS Code: <b>57220/100</b> Responsibility Center: <b>00016-01-01-02</b> Amount: <b>342,020.00</b>
Fund Cluster: _____ Fund Available: _____ <u>[Signature]</u> <b>GRETCHEN FERNANDEZ ESCALA</b> Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit		

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 Officials and Employees.

\*\* To track your Voucher/Payment you may text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09380247552 \*\*