

**PURCHASE ORDER**

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

Supplier Name: <b>Spacebar Beach Resort</b>	Purchase Order No.: <b>24-08-1279</b>
Address: <b>Cagwait, Surigao del Sur</b>	Date: <b>2024-08-12</b>
TIN: <b>927-658-423-000</b>	Mode of Procurement: <b>NP Small Value Procurement</b>
PhilGEPS No.: <b>162499: Red</b>	

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

Place of Delivery: <b>Surigao del Sur</b>	Delivery Term: <b>As per booking of schedule after receipt of approved PO.</b>
Date of Delivery: <b>September 20, 2024</b>	Payment Term: <b>Within 30 working days after receipt of SOA and list of guest with billeting (if applicable)</b>

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	3 Meals and 2 Snacks without Billeting  Menu: 2 Main Dish, 1 Side Dish, Rice, Fresh Fruits, Dessert, Drinks Snacks: 1 Snack of Choice, Drinks	59.00	1,500.00	88,500.00
<p><b>COMMISSION ON AUDIT</b> <b>REGIONAL OFFICE FOR XIII</b> <b>OFFICE OF THE AUDITOR</b> <b>RECEIVED</b></p> <p>DATE: <u>8/19/24</u> TIME: _____ BY: <u>[Signature]</u></p>					
<p><i>"Catering Services: Caring for the Careers: Promoting Mental Health and Wellbeing for KC Staff (KKB/101 charge)"</i></p>					
(Total Amount in Words) <b>EIGHTY-EIGHT THOUSAND FIVE HUNDRED PESOS ONLY</b>			<b>TOTAL</b>		<b>88,500.00</b>

ACCOUNT INSPECTION  
**RECEIVED**  
8/16/24  
1:25 pm

**COMMISSION ON AUDIT**  
**REGIONAL OFFICE FOR XIII**  
**OFFICE OF THE AUDITOR**  
**RECEIVED**

DATE: 8/19/24 TIME: \_\_\_\_\_  
BY: [Signature]

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,  
For the Regional Director

[Signature]  
**MARIFE P. LOZADA**

Signature Over Printed Name of Supplier  
Date: 8/16/2024

[Signature]  
**TRISTAN C. VELLEN, PhD. MA. DE**  
Director III CARAGA

**MARI-FLORES A. DOLLAGA-LIBANG**

Signature Over Printed Name of Authorized Official  
Regional Director  
Designation

Fund Cluster: 01  
Fund Available: \_\_\_\_\_

[Signature]  
**GRETCHEN FERNANDEZ ESCALA**  
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit

DV No.: 24-08-1279 Date: 8/12/24  
ORS/EURS No.: 24-08-11/31 Date: 8/16/24  
Source of Funds: KC-KKB  
UACS Code: 10202010  
Responsibility Center: 0000-0101-0208  
Amount: ₱ 88,500.00

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 may text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 \*\*