

PURCHASE ORDER

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

Supplier Name: <u>Spacebar Beach Resort</u>	Purchase Order No.: <u>24-08-1280</u>
Address: <u>Cagwait, Surigao del Sur</u>	Date: <u>2024-08-12</u>
TIN: <u>927-658-423-000</u>	Mode of Procurement: <u>NP Small Value Procurement</u>
PhilGEPS No.: _____	

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

Place of Delivery: <u>Surigao del Sur</u>	Delivery Term: <u>Within the day of the booked schedule after receipt of approved PO.</u>
Date of Delivery: <u>September 19 - 20, 2024</u>	Payment Term: <u>Within 30 working days after receipt of SOA and list of guest with billeting (if applicable)</u>

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	3 Meals and 2 Snacks with Billeting	100.00	2,600.00	260,000.00
2	PAX	3 Meals and 2 Snacks without Billeting	41.00	1,500.00	61,500.00
Menu: 2 Main Dish, 1 Side Dish, Fresh Fruits, Drinks, Rice, Dessert Snacks: 1 Snack of Choice, Drinks					
				TOTAL	321,500.00

RECEIVED
DATE: 8/16/24
TIME: 1:35 pm

**COMMISSION ON AUDIT
C D W D F O XIII
OFFICE OF THE AUDITOR
RECEIVED**
DATE: 8/19/24 TIME: _____
BY: [Signature]

"Catering Services: Caring for the Careers: Promoting Mental Health and Wellbeing for KC Staff (NCDDP charge)"

(Total Amount in Words) **THREE HUNDRED TWENTY-ONE THOUSAND FIVE HUNDRED 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.

Conforme: [Signature] **MARIFE O. LOZADA**
Signature Over Printed Name of Supplier
8/16/2024
Date

Very truly yours,
[Signature] **TRISTAN C. TELLEN, Ph.D. MA, R**
Director III / ARDA

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

Fund Cluster: 02
Fund Available: _____

[Signature] **GRETCHEN FERNANDEZ ESCALA**
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit
8/14

PO No.: 24-08-11752 Date: 8/12/24
ORIS/BURS No.: 24-08-1130 Date: 8/16/24
Source of Funds: KC-WB
UACS Code: 50252010W
Responsibility Center: 00016-0201-02-02
Amount: 321,500.00

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