

PURCHASE ORDER

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

Supplier Name: ALMONT BEACH RESORT	Purchase Order No.: 24-08-1240
Address: Brgy. Liata, Surigao City	Date: 2024-08-05
FIN: 000 737 636 003	Mode of Procurement: NP Small Value Procurement
Please furnish this office the following articles subject to the terms and conditions contained herein.	
Place of Delivery: Surigao del Norte	Delivery Term: Within the day of the specified date of conduct
Date of Delivery: Oct 8-11, 2024	Payment Term: Within 30 working days after receipt of SOA and list of guest with billeting (if applicable)

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	3 Meals and 2 Snacks with Billeting for 3 days (Day 1-3)(Menu MEAL: 1 Soup, 2 Main Dish (preferably beef, chicken and fish), 1 Side Dish (Vegetable or Noodles), 1 Dessert (sweets or assorted fruits), 1 Rice, 1 Softdrinks, SNACKS: AM (Kakanin), PM (Cakes or Sandwich), Drinks (Fruit Juice) Date of Activity: October 8-10, 2024	19.00	2,500.00	162,500.00
2	PAX	3 Meals and 2 Snacks without Billeting (Day 1-3)(Menu MEAL: 1 Soup, 2 Main Dish (preferably beef, chicken and fish), 1 Side Dish (Vegetable or Noodles), 1 Dessert (sweets or assorted fruits), 1 Rice, 1 Softdrinks, SNACKS: AM (Kakanin), PM (Cakes or Sandwich); Drinks (Fruit Juice) Date of Activity: October 8-10, 2024	1.00	1,400.00	4,200.00
3	PAX	2 meals and 2 Snacks without Billeting (Day 4)(Menu MEAL: 1 Soup, 2 Main Dish (preferably beef, chicken and fish), 1 Side Dish (Vegetable or Noodles), 1 Dessert (sweets or assorted fruits), 1 Rice, 1 Softdrinks, SNACKS: AM (Kakanin); PM (Cakes or Sandwich), Drinks (Fruit Juice) Date of Activity: October 11, 2024	20.00	1,100.00	22,000.00
		Menu: 2 main dish, 1 side dish, dessert/fruits, softdrinks, rice, snacks with drinks			

COMMISSION ON AUDIT
DSWD FO XIII
OFFICE OF THE AUDITOR
RECEIVED

DATE: **8/16/24** TIME:
BY:

"Catering Services: Training for the Trainers on Parent Effectiveness Service (PES)"

(Total Amount in Words) **ONE HUNDRED SIXTY-EIGHT THOUSAND SEVEN HUNDRED PESOS ONLY** TOTAL **168,700.00**

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.

Conforms: **Very truly yours,**

<p>MA. DONNA B. VERD Signature Over Printed Name of Supplier Date: 8/16/24</p>	<p>MARI-FLOR A. DOLLAGA-LIBANG Signature Over Printed Name of Authorized Official Regional Director Designation</p>
<p>Fund Cluster: _____ Fund Available: _____ GRETCHEN FERNANDEZ ESCALA Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit</p>	<p>DU No.: 01-08-1240 Date: _____ ORS/DURS No.: 24-08-1018 Date: 8/16/24 Source of Funds: 101 UAES Codes: 50-20201000 Responsibility Center: 000.16.01-01-01-04-01</p>