



PURCHASE ORDER

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

Supplier Name: Address: TIN: PhilGEPS No.:	N: 491-776-909-000			Purchase Order No.: Date: Mode of Procurement:		24-02-0157 2024-02-26 NP Small Value Procurement	
Gentlemen			let-				
Please furnish this Place of Delivery: Date of Delivery:		office the following articles subject to the terms and conditions of DSWD Caraga Regional Office, Capitol Site, Butuan City		Delivery Term: Payment Term:		As Per Book Schedule After Receipt of Approved P.O. Within 30 Working Days After the Inspection and Acceptance Report is received	
#	Unit	Descripti	on		Quantity		Total Cost
1	PAX	1 meal and 2 Snacks Meal-Lunch (6 sessions)			19.00	500.00	57,000.00
	ACCO!	Conduct 1 AM Snacks Spaghetti w/ Bread, Drinks Lunch Beef W/ Brocolli, Chicken Afretada, S PM Snacks Native Kakanin (3 Kinds), Drinks Conduct 2 AM Snacks Rice Puto, Drinks Lunch Beef Callos, Chicken Croquet, Chopsu PM Snacks Tuna Sandwich W/ Chips, Drinks Conduct 3 AM Snacks Clubhouse Sandwich, Drinks Lunch Beef W/ Brocolli, Chicken Cordon Blee PM Snacks Native Kakanin (3 Kinds), Drinks AM Snacks Tuna Sandwich W/ Chips, Drinks Lunch Beef W/ Brocolli, Garlic Chicken, Veg. PM Snacks Rice Puto, Drinks Conduct 5 AM Snacks Rice Puto, Drinks Lunch Beef Callos, Chicken Adobo, Pinakbet PM Snacks Spaghetti w/ Bread, Drinks Conduct 6 SECTION AM Snacks Native Kakanin (3 Kinds), Drinks Lunch Beef Calderita, Chicken Pillows, Sotar PM Snacks Rice Puto, Drinks Lunch Beef Calderita, Chicken Pillows, Sotar PM Snacks Rice Puto, Drinks	ey, Rice, Softdrinks u, Pancit Guisado, Rice Conduct 4 Lumpia, Rice, Softdrin , Rice, Softdrinks	e, Softdrinks nks	1 1 mm	N ON AUDI FO XIII HE AUDITO TIME:	T R
		"Catering Services: RPMO FINANCE L		•			
	unt in Words)	e full delivery within the time specified above,	a penalty of one-tent Very truly yours	th (1/10) of one pe	ercent for every	day of delay shall b	57,000.00 se imposed.
		Over Printed Name of Supplier 1 - 12 - 24 Date				A- LIBANG \ Authorized Official	
Fund Cluster: _ Fund Available: Signate		GRETCHEN FERNANDEZ ESCALA Name of Chief Accountant/Head of Accounting	g Division/Unit	DV No.: ORS/BURS No.: Source of Funds UACS Code: Responsibility C	07-2867 24-03-304 : EC - W/9 S 2 9 9 0 3 0 enter: 000/	Date: 3/7 Date: 3/7 Date: 7/7	1/2/ 2/2/ -02
		' '5/19		Amount: 7	J-7,000,0	U	

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 **