

PURCHASE ORDER

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

Supplier Name: KAWA RESORT	Purchase Order No.: 24-05-0839
Address: MALINAO, GENERAL LUNA, SURIGAO DEL NORTE	Date: 2024-05-30
TIN: 932-520-952-001	Mode of Procurement: Lease of Real Property and Venue
PhilGEPS No.: 32734	

Gentlemen
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: July 18-20, 2024; Aug. 26-28, 2024	Payment Term: Within 30 Working Days After the Inspection and Acceptance Report is received

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	1 Meal with Billeting Before the activity	154.00	1,500.00	231,000.00
2	PAX	3 Meals and 2 Snacks with Billeting First day	189.00	2,600.00	491,400.00
3	PAX	2 meals and 2 Snacks without Billeting Second day	189.00	1,100.00	207,900.00
<p>2 Batch: July and August; 95pax/batch</p> <p>Please see attached food menu</p>					
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>COMMISSION ON AUDIT D. S'WD FO XIII OFFICE OF THE AUDITOR RECEIVED</p> <p>DATE: <u>6/4/2024</u> TIME: _____</p> <p>BY: <u>[Signature]</u></p> </div>					
<p>"Catering Services: Caring for the Careers 4.0 Fostering Resilience and Personal Development for CIS staff Cum Team Building"</p>					
(Total Amount in Words) NINE HUNDRED THIRTY THOUSAND THREE HUNDRED PESOS ONLY			TOTAL	930,300.00	

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: <u>[Signature]</u> FATIMA DIANE B. TROZO Signature Over Printed Name of Supplier <u>JUNE 3, 2024</u> Date	Very truly yours, <u>[Signature]</u> MARI-FLORES DOLLAGA-LIBANG Signature Over Printed Name of Authorized Official Regional Director
Fund Cluster: <u>14</u> Fund Available: <u>14</u> <u>[Signature]</u> GRETCHEN FERNANDEZ ESCALA Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit 5/31	DV No.: <u>24-05-7896</u> Date: _____ ORS/BURS No.: <u>24-05-7259</u> Date: <u>05/31/24</u> Source of Fund: <u>14</u> UACS Code: <u>522-02-0100</u> Responsibility Center: <u>0000-0101-01-03</u> Amount: <u>930,300.00</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 may text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 **