

**PURCHASE ORDER**

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

Supplier Name: <b>LIME AND ZEST KITCHEN</b>	Purchase Order No.: <b>24-07-1112</b>
Address: <b>J. Rosales Avenue, Bayanihan, Butuan City</b>	Date: <b>2024-07-17</b>
TIN: <b>249-112-209-000</b>	Mode of Procurement: <b>NP Small Value Procurement</b>
PhilGEPS No.: _____	

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

Place of Delivery: <b>DSWD Caraga Regional Office, Capitol Site, Butuan City</b>	Delivery Term: <b>Within the day of the booked schedule after receipt of approved PO.</b>
Date of Delivery: <b>Aug 5-6</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	2 meals and 2 Snacks Day 1	128.00	1,100.00	140,800.00
2	PAX	1 Meal Day 2 - Breakfast	99.00	400.00	39,600.00
3	PAX	1 meal and 2 Snacks Day 2	128.00	700.00	89,600.00

Menu per Meal: 2 Main Dish, 1 Side Dish, 1 Dessert, Rice, Drinks, Fresh Fruits  
Snack Menu: 1 Snack of Choice, 1 Drink

DSWD CARAGA  
Capitol Site - Butuan City  
Tel. No. (085) 3425618 local 110

**ORD**

Date: **7/23/24**  
Time: **9:00 AM**  
By: **[Signature]**

ACCOUNTING DIVISION  
**RECEIVED**

DATE: **7/23/24**  
TIME: **2:00 PM**  
BY: **[Signature]**

COMMISSION ON AUDIT  
DSWD FO XIII  
OFFICE OF THE AUDITOR  
**RECEIVED**

DATE: **7/25/24** TIME: \_\_\_\_\_  
BY: **[Signature]**

"Catering Services: REGIONAL FIDUCIARY WORKSHOP "

(Total Amount in Words)	<b>TWO HUNDRED SEVENTY THOUSAND PESOS ONLY</b>	<b>TOTAL</b>	<b>270,000.00</b>
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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,**

**VIERUWE** **[Signature]**  
Signature Over Printed Name of Supplier  
Date: **7/25/2024**

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

Fund Cluster: <b>01</b>	DV No.: <b>24-07-10074</b> Date: <b>7/17/24</b>
Fund Available: _____	ORS/BURS No.: <b>24-07-10074</b> Date: <b>7/23/24</b>
<b>GRETCHEN FERNANDEZ ESCALA</b> <b>[Signature]</b> Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit	Source of Funds: <b>KCC-KCB</b>
	UACS Code: <b>202020100</b>
	Responsibility Center: <b>00016-01-07-0202</b>
	Amount: <b>270,000.00</b>

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 \*\*