

PURCHASE ORDER

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

| | |
|---|--|
| Supplier Name: SETH'S CATERING SERVICES | Purchase Order No.: 24-08-1265 |
| Address: Guingona Subdivision, Butuan City | Date: 2024-08-13 |
| TIN: 424-785-098-000 | Mode of Procurement: NP Small Value Procurement |
| PhilGEPS No.: _____ | |

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

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|---|---|
| Place of Delivery: Butuan City | Delivery Term: Within the day of the specified date of conduct |
| Date of Delivery: Sept. 27, 2024 | Payment Term: Within 30 working days after receipt of SOA and list of guest with billiting (if applicable) |

| # | Unit | Description | Quantity | Unit Cost | Total Cost |
|---|------|--|----------|-----------|------------|
| 1 | PAX | 1 Meal and 1 Snack Menu: 2 main dish, 1 side dish, dessert/fruits, softdrinks, rice, snacks with drinks | 100.00 | 500.00 | 50,000.00 |

COMMISSION ON AUDIT
DSWD FO XIII
OFFICE OF THE AUDITOR
RECEIVED
DATE: 08/22/24 TIME: 5:04PM
BY: JHT

"Catering Services: SECTORAL: National Filipino Family Week 2024"

| | | | |
|-------------------------|----------------------------------|--------------|------------------|
| (Total Amount in Words) | FIFTY THOUSAND PESOS ONLY | TOTAL | 50,000.00 |
|-------------------------|----------------------------------|--------------|------------------|

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.

Conforme: **KENT LOUIN PARAS** *For the Regional Director*
Signature Over Printed Name of Supplier
Date: **08-21-24**
Very truly yours,
TRISTAN C. TELEN, MD, MA, RC *Director III ARCA*
MARI-FLORA A. DOLLAGA-LIBANG
Signature Over Printed Name of Authorized Official
Regional Director
Designation

| | |
|--|--|
| Fund Cluster: _____ | DV No.: 2408-11600 Date: _____ |
| Fund Available: _____ | ORS/BURS No.: 2408-11089 Date: 8/15/24 |
| GRETCHEN FERNANDEZ ESCALA Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit | Source of Funds: 101 |
| | UACS Code: 5029999099 |
| | Responsibility Center: 00016-01-01-01 |
| | Amount: 50,000 |

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 **