Appendix 61

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

Supplier Name: **SETH'S CATERING SERVICES**	Purchase Order No.: **24-08-1295**
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.

Place of Delivery: **Butuan City**	Delivery Term:	**Within the day of the specified date of conduct**
Date of Delivery: October 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	1 Snack Kick Off - Oct. 1, 2024	50.00	100.00	5,000.00
2	PAX	1 Snack Kapihan with PIA- Oct. 3, 2024	35.00	100.00	3,500.00
3	PAX	1 Meal Conduct a visit to Por Cristo -Oct. 4, 2024	60.00	400.00	24,000.00
4	PAX	1 meal and 2 Snacks RIAC-SC 4th Quarter Meeting - Oct. 14, 2024	40.00	600.00	24,000.00

Menu: 2 main dish, 1 side dish, dessert/fruits, softdrinks, roce, snacks with drinks

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

	"Catering Services: SECTORAL Elderly Filipino Week 2024"		
(Total Amount in Words)	**FIFTY-SIX THOUSAND FIVE HUNDRED PESOS ONLY**	**TOTAL**	**56,500.00**

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: Very truly yours,

For the Regional Director;

KENT LOUIN PARAS
_____
Signature Over Printed Name of Supplier   TRISTAN C. TELEN, PhD. MA, RE
08-21-24   Director III / ARDA
_____
Date

MARI- FLOR A. DOLLAGA- LIBANG
_____
Signature Over Printed Name of Authorized Official
Regional Director
Designation

Fund Cluster: 101	DV No.: 24-08-1890 Date: _____
Fund Available: 101	ORS/BURS No.: 24-06-1149 Date: 8-16-24
	Source of Funds: 101
GRETCHEN FERNANDEZ ESCALA	UACS Code: 50299010000
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit	Responsibility Center: 000N-01-01-01
8/19	Amount: 56,500.00

*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 ***