

PURCHASE ORDER

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

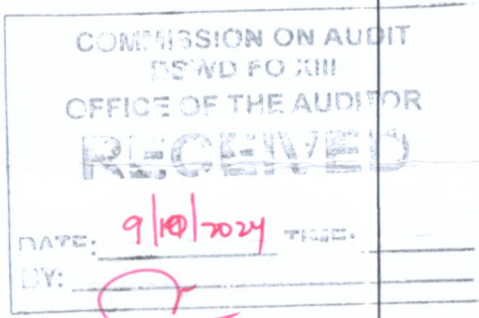
Supplier Name: LIME AND ZEST KITCHEN	Purchase Order No.: 24-08-1349
Address: J. Rosales Avenue, Bayanihan, Butuan City	Date: 2024-08-22
TIN: 249-112-209-000	Mode of Procurement: NP Small Value Procurement
PhilGEPS No.: _____	

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: Sept. 27, 2024 & Oct. 4, 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	3 Meals and 2 Snacks with Billeting SDS 22 PAX ADS 15 PAX FIELD PDOS 11 PAX	48.00	2,010.00	96,480.00
2	PAX	2 Meals and 2 Snacks without Billeting FO STAFF 12	12.00	1,100.00	13,200.00
3	PAX	3 Meals and 2 Snacks with Billeting PDI 7 OSCA, SDN 21 PAX OSCA, AND 13 OSCA, FIELD PDOs 12 PAX	53.00	2,010.00	106,530.00
4	PAX	1 Meals and 2 Snacks without Billeting FO STAFF 13 1 DAY	13.00	1,100.00	14,300.00

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



"Catering Services: RE-ORIENTATION ON THE ROLES AND RESPONSIBILITIES OF OSCA HEADS IN THE IMPLEMENTATION OF SOCIAL PENSION PROGRAM CUM TERAMBUILDING WORKSHOP"

(Total Amount in Words)	TWO HUNDRED THIRTY-FOUR THOUSAND FIVE HUNDRED TEN PESOS ONLY	TOTAL	236,510.00
-------------------------	---	-------	-------------------

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.

Very truly yours,

Conforme:

Jobelyn Enriquez

Signature Over Printed Name of Supplier

Date

For the Regional Director:

MARI-FLOR A. DOLLAGA-LIBANG

Signature Over Printed Name of Authorized Official

Regional Director

Designation

Fund Cluster: _____

Fund Available: _____

[Signature]

TRISTAN C. TELEN, PhD. MA
Director III / ARDA

DV No.: **24-08 12219** Date: **-**

ORS/BURS No.: **24-07-17018** Date: **9/9**

Source of Funds: **61**

UACS Code: **502020106**

Responsibility Center: **0804-01-07-01-04-02**

Amount: **236,510**

GRETCHEN FERNANDEZ ESCALA
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit

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 **