

**PURCHASE ORDER**

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

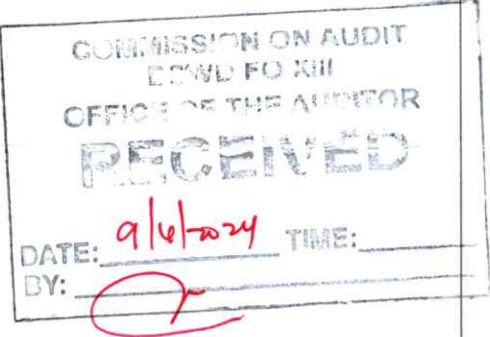
Supplier Name: <b>LIME AND ZEST KITCHEN</b>	Purchase Order No.: <b>24-08-1413</b>
Address: <b>J. Rosales Avenue, Bayanihan, Butuan City</b>	Date: <b>2024-08-29</b>
TIN: <b>249-112-209-000</b>	Mode of Procurement: <b>Lease of Real Property and Venue</b>
PhilGEPS No.: _____	

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

Place of Delivery: <b>Butuan City</b>	Delivery Term: <b>2 Days</b>
Date of Delivery: <b>October 22-23, 2024</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 with Billeting DAY 1 (Lunch, Snacks, Dinner)	40.00	1,730.00	69,200.00
2	PAX	2 meals and 2 Snacks without Billeting DAY 1 (Lunch, Snacks, Dinner)	27.00	980.00	26,460.00
3	PAX	2 meals and 2 Snacks without Billeting DAY 2 (Breakfast, Snacks, Dinner)	40.00	980.00	39,200.00
4	PAX	1 meal and 2 Snacks without Billeting DAY 2 (Lunch, Snacks)	27.00	650.00	17,550.00

**2 MAIN DISH, 1 SIDE DISH, DESSERT, RICE, SOFTDRINKS**



**"Catering Services: SULONG DUNONG: SLP School of Leadership and Project Management Year 2(Module 2)(charged to CMF-Training Expense)"**

(Total Amount in Words) **ONE HUNDRED FIFTY-TWO THOUSAND FOUR HUNDRED TEN PESOS ONLY** **TOTAL 152,410.00**

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,

<p><b>VIERLENE ALAN</b> Signature Over Printed Name of Supplier Date: <b>9/16/24</b></p>	<p><b>MARI-FLORES A. DOLLAGA-LIBANG</b> Signature Over Printed Name of Authorized Official Regional Director Designation</p>
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<p>Fund Cluster: <b>101</b></p> <p>Fund Available: _____</p> <p style="text-align: center;"><b>GRETCHEN FERNANDEZ ESCALA</b> Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit Date: <b>9/16/24</b></p>	<p>DV No.: <b>24-08-1413-000</b> Date: _____</p> <p>ORS/BURS No.: <b>24-08-12016</b> Date: _____</p> <p>Source of Funds: <b>101</b></p> <p>UACS Code: <b>3010201000</b></p> <p>Responsibility Center: <b>20016-01-01-01-01</b></p> <p>Amount: <b>152,410</b></p>
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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 \*\***