

PURCHASE ORDER

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

Supplier Name: BALAI LA NINA BEACH RESORT	Purchase Order No.: 24-09-1569
Address: FABRE ST. BRGY AMONTAY, AGUSAN DEL NORTE	Date: 2024-09-13
TIN: 130-821-396.002	Mode of Procurement: Lease of Real Property and Venue
PhilGEPS No.: _____	

OND-09-591

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

Place of Delivery: ADN	Delivery Term: 3 Days
Date of Delivery: Nov. 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	2 Meals and 2 Snacks with Billeting (DAY 1)	25.00	2,100.00	52,500.00
2	PAX	3 Meals and 2 Snacks with Billeting (DAY 2)	25.00	2,580.00	64,500.00
3	PAX	2 meals and 2 Snacks without Billeting (DAY 3)	25.00	1,050.00	26,250.00

2 MAN DSH, 1 SIDE DSH, 1 DESSERT, RICE, SOFTDRINKS

COMMISSION ON AUDIT
REGIONAL OFFICE XIII
OFFICE OF THE AUDITOR
RECEIVED

DATE: 9/20/24 TIME: _____
BY: _____

"Board and Lodging: SLP SULONG DUNONG: Caring for Carer's Personality Development for SLP RPMO Staff cum Team Building (charged to CMF-Training Expense)"

(Total Amount in Words) **ONE HUNDRED FOURTY-THREE THOUSAND TWO HUNDRED FIFTY PESOS ONLY** **TOTAL** **143,250.00**

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: **MARI- FLOR A. DOLLAGA- LIBANG**
Signature Over Printed Name of Supplier: **TRISTAN C. TELEN, Ph.D. MA, R. Director III / ARDA**
Signature Over Printed Name of Authorized Official: _____
Regional Director Designation

Fund Cluster: 601	DV No.: 24-09-13920 Date: 9/19/24
Fund Available: _____	ORS/BURS No.: 24-09-14709 Date: _____
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit: GRETCHEN FERNANDEZ ESCALA	Source of Funds: 601
Date: 9/18	UACS Code: 0020201000
	Responsibility Center: 0000 - 0201-02-01
	Amount: 143,250

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 ****