

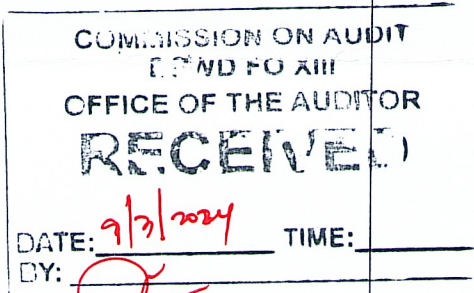
**PURCHASE ORDER**

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

Supplier Name: <b>LIME AND ZEST KITCHEN</b>	Purchase Order No.: <b>24-08-1300</b>
Address: <b>J. Rosales Avenue, Bayanihan, Butuan City</b>	Date: <b>2024-08-13</b>
TIN: <b>249-112-209-000</b>	Mode of Procurement: <b>NP Small Value Procurement</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>Within the day of the specified date of conduct</b>
Date of Delivery: <b>Sept. 10, 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	3 Meals and 2 Snacks with Billeting	25.00	2,010.00	50,250.00
2	PAX	3 Meals and 2 Snacks without Billeting	3.00	1,260.00	3,780.00
3	PAX	2 meals and 2 Snacks without Billeting	28.00	1,100.00	30,800.00
4	PAX	1 meal and 2 Snacks without Billeting	2.00	1,000.00	4,000.00
<b>Menu: 2 main dish, 1 side dish, dessert/fruits, softdrinks, rice, snacks with drinks</b>					
					
<b>"Catering Services: ENHANCING INVESTIGATION AND PROSECUTION EFFORTS IN HUMAN TRAFFICKING CASES, NOTBLE PRACTICES AND LEGAL STRATEGIES"</b>					
(Total Amount in Words) <b>EIGHTY-EIGHT THOUSAND EIGHT HUNDRED THIRTY PESOS ONLY</b>			<b>TOTAL</b>	<b>88,830.00</b>	

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: *Cristina Lusterio* *Very truly yours,* *For the Regional Director*

Signature Over Printed Name of Supplier: **Cristina Lusterio** Date: **9/2/2024**

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

Signature: *Tristan C. Telen* Designation: **Director III / ARDA**

Fund Cluster: <b>101</b>	DV No.: <b>24-08-11957</b> Date: _____
Fund Available: _____	ORS/BURS No.: <b>24-09-7802</b> Date: _____
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit: <b>GRETCHEN FERNANDEZ ESCALA</b>	Source of Funds: <b>101</b>
Date: <b>9/2/2024</b>	UACS Code: <b>302020100</b>
	Responsibility Center: <b>00010-01-01-04</b>
	Amount: <b>88,830</b>

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 \*\*