

PURCHASE ORDER

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

Supplier Name: LIME AND ZEST KITCHEN	Purchase Order No.: 24-09-1515
Address: J. Rosales Avenue, Bayanihan, Butuan City	Date: 2024-09-16
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: Oct. 29-31, 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	34.00	1,680.00	57,120.00	
2	PAX	3 Meals and 2 Snacks with Billeting	34.00	2,010.00	68,340.00	
3	PAX	2 meals and 2 Snacks without Billeting	34.00	930.00	31,620.00	
4	PAX	1 meal and 2 Snacks FO	10.00	600.00	6,000.00	
Menu: 2 main dish, 1 side dish, dessert/fruits, softdrinks, rice, snacks with drinks						
<div data-bbox="852 996 1323 1310" data-label="Text"> <p style="text-align: center;">COMMISSION ON AUDIT D SWD FO XIII OFFICE OF THE AUDITOR RECEIVED DATE: <u>9/18/2024</u> TIME: _____ BY: <u>[Signature]</u></p> </div>						
(Total Amount in Words)		ONE HUNDRED SIXTY-THREE THOUSAND EIGHTY PESOS ONLY			TOTAL	163,080.00

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: [Signature] **Leah Alutaya** Very truly yours,
 Signature Over Printed Name of Supplier **MARI- FLOR A. DOLLAGA- LIBANG**
 Date 9/18/24 Signature Over Printed Name of Authorized Official
Regional Director

Fund Cluster: <u>01</u>	Director III / ARDA <u>[Signature]</u>	DV No.: <u>24-09-14714</u> Date: <u>9/16/24</u>
Fund Available: _____	GRETCHEN FERNANDEZ ESCALA	ORS/BURS No.: <u>24-09-14714</u> Date: <u>9/16/24</u>
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit		Source of Funds: <u>01</u>
		UACS Code: <u>1020201000</u>
		Responsibility Center: <u>0024-01-01-01</u>
		Amount: <u>163,080</u>

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 **