

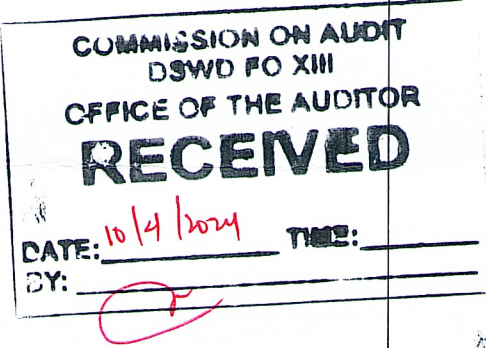
**PURCHASE ORDER**

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

Supplier Name: <b>BALAI LA NINA BEACH RESORT</b>	Purchase Order No.: <b>24-09-1538</b>
Address: <b>FABRE ST. BRGY AMONTAY, AGUSAN DEL NORTE</b>	Date: <b>2024-09-13</b>
TIN: <b>130-821-396.002</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>Agusan del Norte</b>	Delivery Term: <b>Within the day of the specified date of conduct</b>
Date of Delivery: <b>December 7-8, 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 2-day capability building to Caraga CAN	30.00	2,134.00	64,020.00
2	PAX	2 Meals and 1 Snack 2-day capability building to Caraga CAN	30.00	940.00	28,200.00
Menu: 2 main dish, 1 side dish, dessert/fruits, softdrinks, rice, snacks with drinks					
					
<b>"Catering Services: SUPPLEMENTAL: NATIONAL CHILDREN'S MONTH 2024 (adn)"</b>					

(Total Amount in Words) **NINETY-TWO THOUSAND TWO HUNDRED TWENTY PESOS ONLY** **TOTAL** **92,220.00**

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,

\_\_\_\_\_ **MARGARITA B. BULAGA** For the Regional Director, **MARI-FLOR A. DOLLAGA- LIBANG** Signature Over Printed Name of Authorized Official  
 Signature Over Printed Name of Supplier **10-3-2024** Date **Regional Director** Designation

Fund Cluster: **101** **CRISTAN O. TELER, PhD, MA** Director III / ARDA  
 Fund Available: **101** **Jul** DV No.: **24-09-1538** Date: **09/13/24**  
**GRETCHEN FERNANDEZ ESCALA** Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit **09/13/24**  
 ORS/BURS No.: **24-09-1538** Date: **09/13/24**  
 Source of Funds: **101**  
 UACS Code: **5022211000**  
 Responsibility Center: **00014-01-01-01**  
 Amount: **92,220.00**

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 \*\*