

**PURCHASE ORDER**

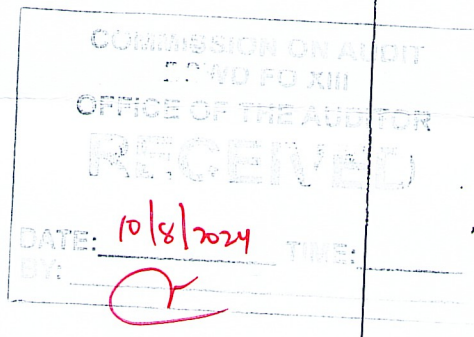
Department of Social and Welfare and Development  
Field Office Region XIII CARAGA

Supplier Name: <b>KAWA RESORT</b>	Purchase Order No.: <b>24-09-1789</b>
Address: <b>MALINAO, GENERAL LUNA, SURIGAO DEL NORTE</b>	Date: <b>2024-09-30</b>
TIN: <b>932-520-952-001</b>	Mode of Procurement: <b>NP Small Value Procurement</b>
PhilGEPS No.: <b>22734</b>	

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

Place of Delivery: <b>SDN</b>	Delivery Term: <b>Within the day of the specified date of conduct</b>
Date of Delivery: <b>October 14, 18, 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 without Billeting CO and FOs (Other region)	90.00	1,500.00	135,000.00
2	PAX	3 Meals and 2 Snacks with Billeting RSPU STAFF	25.00	1,500.00	37,500.00
2 Main Dish, 1 Side Dish, Dessert/Fruits, Softdrinks, Rice, Snacks and Drinks					
(Total Amount in Words)			<b>TOTAL</b>		<b>172,500.00</b>



"2024 Year End Older Persons Program Implementation Review cum Workforce Planning" Supplemental program  
ONE HUNDRED SEVENTY-TWO THOUSAND FIVE HUNDRED PESOS ONLY

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: **FATIMA DIANE B. TROZO** Signature Over Printed Name of Supplier  
Date: **10/8/2024**

Very truly yours,  
**MARI-FLOR A. DOLLAGA-LIBANG** Signature Over Printed Name of Authorized Official  
Regional Director  
Designation

Fund Cluster: \_\_\_\_\_  
Fund Available: \_\_\_\_\_

**TRISTAN C. TELESA, PhD. MA, RP** Director III / ARDA  
DV No.: \_\_\_\_\_ Date: \_\_\_\_\_  
ORS/BURS No.: \_\_\_\_\_ Date: \_\_\_\_\_  
Source of Funds: \_\_\_\_\_  
UACS Code: \_\_\_\_\_  
Responsibility Center: \_\_\_\_\_  
Amount: \_\_\_\_\_

**GRETCHEN FERNANDEZ ESCALA** Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit  
Date: **10/7/24**

This office 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 \*\*