Appendix 61

PURCHASE ORDER

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

Supplier Nam	ne: ARENA BLAN	ICA BEACH RESORT	Fleid Office Region XIII CAF	Purchase Orde				
Address:	hress. <u>Britania, San Agustin, Surigao del Sur</u>				er No.:	<u>24-09-1733</u> <u>2024-09-25</u>		
TIN: Date: PhilGEPS No.: Mode of Prod					rement:	NP Small Value P	rocurement	
Gentlemen								
	Please furnish th	is office the following articles sub	iest to the terms and lie					
Place of Deliv		Surigao del Sur	ject to the terms and condition	ns contained herein.		Miletin at a 1		
		Sungao del Sul		Delivery Term:		Within the day or date of conduct	the specified	
Date of Delivery: Dec. 12-13, 2024			3.			Within 30 working days after		
	Payment Teri			Payment Term:	receipt of SOA and list of gues with billeting (if applicable)			
#	Unit		Description		Quantity			
1	PAX	3 Meals and 2 Snacks with Billet	ing NCM Evaluation		40.00		Total Co	
2	PAX	2 Meals and 1 Snack NCM Evalu			40.00		80,000.0	
					40.00	850.00	34,000.0	
		Menu: 2 main dish, 1 side dish, dessert/fruits, rice, softdrinks, snacks with drinks						
							Andrews .	
					COMMINSH	OUA NO MO	7	
						FOXIII		
					FFIGE OF	THE AUDITO)R	
					E Server Care II	area T. A. A. Name - co	1	
						THE PARTY	#	
				mag	= 10/21/21L	orac para para p		
				EV.	AL 19			
		J						
		"Catering Services: SUPPLEM	ENTAL: NATIONAL CHILDREN	I'S MONTH 2024				
(Total Amou	int in Words)		(sds)"	3 10101111 2024				
(Total Alliou	int in vvorus)	ONE HUN	DRED FOURTEEN THOUSAND	PESOS ONLY		TOTAL	114 000 00	
In case of fa	ilure to make the	full delivery within the time					114,000.00	
		full delivery within the time specif	ied above, a penalty of one-ter	ith (1/10) of one per	cent for every day	of delay shall be i	mposed.	
Conforme:	Parl	~	Very truly you	rs,				
	MARIFE PLOZADA				1			
				MARI FLOR A HARAGO LIBOUR				
	Signature Over Printed Name of Supplier			MARI- FLOR A. BOLLAGA- LIBANG Signature Over Printed Name of Authorized Official				
	10/21/2024			Regional Director				
nd Cluster:		Date			Designation	,		
nd Available:		— // n		DV No .: 24-09-		te:		
		— (, V	\	ORS/BURS No.: 2		te:		
		The	The state of the s	Source of Funds:				
Ciet-	<u>G</u>	RETCHEN FERNANDEZ ESCALA	N .	UACS Code: 5000	201000			
Signature	Over Printed Na	me of Chief Accountant/Head of A	counting Division/Unit	Responsibility Cent	er: 00016-01-0	1-01		
1.			117	Amount: 114, 0	00.00	11_		
his agency adh	neres to "NO GIFT	"ALLOWED" policy pursuant to the	provision of R A 6712 knows	the Code - SC '	at Territoria			

is agency duneres to "NO GIFT ALLOWED" policy pursuant to the provision of R.A 6713 known as the Cade 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 **