

**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>24-09-1773</b>                  |
| Address: <b>FABRE ST. BRGY AMONTAY, AGUSAN DEL NORTE</b> | Date: <b>2024-09-27</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>ADN</b>              | Delivery Term: <b>Within the day of the specified date of conduct</b>   |
| Date of Delivery: <b>December 20, 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  | 2 meals and 2 Snacks 1 DAY<br><br>Menu: 2 main dish, 1 side dish, dessert/fruits, rice, softdrinks, snacks with drinks | 54.00    | 1,020.00  | 55,080.00  |

COMMISSION ON AUDIT  
D SWD PO AN  
OFFICE OF THE AUDITOR  
**RECEIVED**

DATE: 10/24/24 TIME: \_\_\_\_\_  
BY: [Signature]

*"Catering Services: RSPU Staff Year End Assessment cum Health and Wellness Workshop"*

(Total Amount in Words) **FIFTY-FIVE THOUSAND EIGHTY PESOS ONLY** **TOTAL** **55,080.00**

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: \_\_\_\_\_ Very truly yours,

MARGOLIN A. BULAGIN  
Signature Over Printed Name of Supplier  
Date: 10/28/24

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

|  |  |
|--|--|
| Fund Cluster: _____  | DV No.: <u>24-09-15292</u> Date: _____             |
| Fund Available: _____  | ORS/BURS No.: <u>24-09-15157</u> Date: _____       |
| <b>GRETCHEN FERNANDEZ ESCALA</b><br>Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit<br>Date: <u>10/14</u> | Source of Funds: <u>101</u>                        |
|  | UACS Code: <u>5024903000</u>                       |
|  | Responsibility Center: <u>00016-01-01-01-04-02</u> |
|  | Amount: <u>55,080.00</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 may text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 \*\*