Appendix 61

PURCHASE ORDER

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

Supplier Name: KAWA RESORT Address: MALINAO, GENERAL LUNA, SURIGAO DEL NORTE TIN: 932-520-952-001 PhilGEPS No.:			Purchase Order No.: Date: Mode of Procurement:		24-10-1882 2024-10-14 NP Small Value Procurement		
Gentlemen	Please furnish th	s office the following acticles with the state of		The state of the s	· · · · · · · · · · · · · · · · · · ·	***************************************	
Place of Delivery: <u>Suriga</u>		is office the following articles subject to the terms and conditi Surigao del Norte December 18-20, 2024	Delivery Term:	Delivery Term:		Within the day of the specified date of conduct Within 30 working days after	
		10 20, 2020	Payment Term:		receipt of SOA and list of guest with billeting (if applicable)		
#	Unit	Description		Quantity		Total Cos	
1 2	PAX	3 Meals and 2 Snacks with Billeting for 2 days		20.00	2,600.00	104,000.0	
	PAX	1 Meal and 1 Snack without billeting		20.00	550.00	11,000.00	
		Menu: 3 main dish, 1 side dish, dessert/fruits, rice, softdrin					
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	The state of the s		DATE:	blala	_TIME:		
	100 OF 10				This has districted the Market Street	n Paris of Lancott & Nation States	
/Total America		"Catering Services: Trauma Informed Stewardsh	ip Training"	-			
(Total Amount in Words) ONE HUNDRED FIFTEEN THOUSAND		PESOS ONLY		TOTAL	115,000.00		
In case of fa	ilure to make the	full delivery within the time specified above, a penalty of one- Λ	tenth (1/10) of one per	cant for awaru da	of delay about to		
Conforme:		Very truly y	ours,	1 a	A to meral arrain the	imposea.	
FA	HTIMA DIA	NE B. TROZO	MARI FLO				
	Sign ture O	Ver Printed Name of Supplier	Signature Over Prin		<u>LIBANG</u> horized Official		
101		Date	N RE	gional Director Designation	1		
and Available:			DV No.: 24 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1				
Signature	• Over Printed Na	RETCHEN FERMANDEZ ESCALA ame of Chief Accountant/Head of Accounting Division/Unit	Source of Funds:_ UACS Code: 1236	sioul			
		TALLOWED" policy pursuant to the provision of R.A 6713 know.	Responsibility Cent Amount: 11	0(4)		The same of the sa	

Employees.

** To track your Voucher/Payment you my text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 **