

**PURCHASE ORDER**  
 Department of Social and Welfare and Development  
 Field Office Region XIII CARAGA

Supplier Name: <u>ACM SURFING VIEW HOTEL</u>	Purchase Order No.: <u>24-08-1314</u>
Address: <u>Zone III, Lanza, SDS</u>	Date: <u>2024-08-14</u>
TIN:	Mode of Procurement: <u>NP Small Value Procurement</u>
PhilGEPS No.:	

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

Place of Delivery: <u>Lanza, SDS</u>	Delivery Term: <u>Within the day of the specified date of conduct</u>
Date of Delivery: <u>August 29-30, 2024</u>	Payment Term: <u>Within 30 working days after receipt of SOA and list of guest with billating (if applicable)</u>

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	3 Meals and 2 Snacks with Billating (Day 1) Menu: (2 main dish, 1 side dish, rice, dessert/fruits, drinks)	22.00	1,630.00	35,860.00
2	PAX	2 meals and 2 Snacks (Day 2) Menu: (2 main dish, 1 side dish, rice, dessert/fruits, drinks)	22.00	780.00	17,160.00

COMMISSION ON AUDIT  
 DSWD FO XIII  
 OFFICE OF THE AUDITOR  
**RECEIVED**  
 DATE: 8/30/2024  
 BY: [Signature]

"Catering Services: Regional Independent Monitoring Committee (IMC) Field Visit (Annual)"

(Total Amount in Words)	FIFTY-THREE THOUSAND TWENTY PESOS ONLY	TOTAL	53,020.00
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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: [Signature] Very truly yours,  
MARIA SOL G. ESTAL Signature Over Printed Name of Supplier  
8/29/2024 Date  
[Signature] Signature Over Printed Name of Authorized Official  
MARI FLOR A. DOLAGA-LIBANG Regional Director  
[Signature] Designation

Fund Cluster: <u>[Blank]</u>	DV No.: <u>[Blank]</u> Date: <u>[Blank]</u>
Fund Available: <u>[Blank]</u>	ORS/BURS No.: <u>[Blank]</u> Date: <u>[Blank]</u>
<u>[Signature]</u> Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit	Source of Funds: <u>[Blank]</u>
<u>GRETCHEN FERNANDEZ ESCALA</u>	UACS Code: <u>[Blank]</u>
<u>[Signature]</u>	Responsibility Center: <u>[Blank]</u>
	Amount: <u>[Blank]</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 my text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 \*\*