

**PURCHASE ORDER**

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

Supplier Name: <b>ALMONT BEACH RESORT</b>		Purchase Order No.: <b>24-08-1248</b>			
Address: <b>Brgy. Lipata, Surigao City</b>		Date: <b>2024-08-05</b>			
TIN: <b>000-737-636-003</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>Surigao City</b>		Delivery Term: <b>Within the day of the specified date of conduct</b>			
Date of Delivery: <b>August 28-29, 2024</b>		Payment Term: <b>Within 30 working days after receipt of SOA and list of guest with billfeting (if applicable)</b>			
#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	1 meal and 2 Snacks (2 days conduct) Menu: (2 main dish, 1 side dish, rice, dessert/fruits, drinks)	76.00	700.00	106,400.00
				<div data-bbox="970 949 1453 1256" data-label="Text"> <p style="text-align: center;"><b>COMMISSION ON AUDIT DSWD FO XIII OFFICE OF THE AUDITOR RECEIVED</b></p> <p>DATE: <u>08/15/24</u> TIME: _____ BY: <u>[Signature]</u></p> </div>	
		<b>"Catering Services: Case Management Technical Sharing Session for SDN (2nd Semester)"</b>			
(Total Amount in Words)		<b>ONE HUNDRED SIX THOUSAND FOUR HUNDRED PESOS ONLY</b>		<b>TOTAL</b>	<b>106,400.00</b>
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,			
<u>ARSON L. KRBANKS</u> Signature Over Printed Name of Supplier Date: <u>08-13-2024</u>		<u>MARI-FLOR A. DOLLAGA-LIBANG</u> Signature Over Printed Name of Authorized Official Regional Director Designation: <u>[Signature]</u>			
Fund Cluster: _____		<u>CRISTIAN C. TELER, PhD, MA, MEd</u> Director Date: <u>2 AUG 2024</u>		DV No.: <u>24-08-11310</u> Date: <u>8/15/2024</u> ORS/BURS No.: <u>24-08-10845</u> Date: <u>8/15/2024</u> Source of Funds: <u>101</u> UACS Code: <u>50299 02000</u> Responsibility Center: <u>00016-01-01-02-03</u> Amount: <u>106,400.00</u>	
Fund Available: _____		<u>GRETCHEN FERNANDEZ ESCALA</u> Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit Date: <u>8/12</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 Officials and Employees.

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