

**PURCHASE ORDER**

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

Supplier Name: <b>MABES SAVORY PLACE</b>	Purchase Order No.: <b>24-08-1304</b>
Address: <b>Agusan del Sur, San Francisco</b>	Date: <b>2024-08-14</b>
TIN: <b>105-039-755-000</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>RRCY, Patin-ay, Agusan del Sur</b>	Delivery Term: <b>Within the day of the specified date of conduct</b>
Date of Delivery: _____	Payment Term: <b>Within 30 working days after receipt of SOA and list of guest with billposting (if applicable)</b>

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	Meal (Lunch) 1 meal only <i>x 4 meetings</i>  August 29, 2024 Lunch: Beef Steak, Fish Fillet, Chopsuey, Macaroni Salad, Fruits, Softdrinks  September 13, 2024 Lunch: Pork Humba, Chicken Teriyaki, Bihon Guisado, Taploca, Fruits and Softdrinks  October 18, 2024 Lunch: Beef Caldereta, Fried Chicken, Sotanghon Guisado, Buko Pandan, Fruits and Softdrinks  November 6, 2024 Native Chicken Soup, Letchon Kawaii, Four seasons, Buko Salad, Fruits and Softdrinks  December 10, 2024 Lunch: 2 Main dish, 1 side dish, Dessert and Drinks	42 00	400 00	84,000.00
<b>": RRCY :Staff Development session 2nd Semester 2024"</b>					
<b>TOTAL</b>					<b>84,000.00</b>

COMMISSION ON AUDIT  
DSWD FO XIII  
OFFICE OF THE AUDITOR  
**RECEIVED**  
DATE: 8/29/2024 TIME: \_\_\_\_\_  
*[Signature]*

(Total Amount in Words) **EIGHTY-FOUR THOUSAND PESOS ONLY**

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]* **KIDA T. CASICA**  
Signature Over Printed Name of Supplier  
Date: **8-29-24**

*[Signature]* **MARI-FLORA DOLLAGA-URANG**  
Signature Over Printed Name of Authorized Official  
Regional Director  
Designation

*[Signature]* **GRETCHEN FERNANDEZ ESCALA**  
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit  
Date: **8/28**

DIV No.: **24-08-1304** Date: **8/14/2024**  
 CRE/BURE No.: **24-09-1209** Date: **8/29/2024**  
 Source of Funds: **101**  
 UACS Code: **5020207000**  
 Responsibility Center: **0010-01-01-02-01**  
 Amount: **84,000**

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 PD [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 \*\*