

PURCHASE ORDER

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

24-09-1613

Supplier Name: LODESTONE SHORES RESORT	Purchase Order No: 24-09-2613
Address: Pangasinan, Brgy. Portiamon, Hinatuan, SDS	Date: 2024-09-18
Phone: 185-679-264-900	Mode of Procurement: NP Small Value Procurement
Proc/PS No: 010-10-111	

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

Place of Delivery: SDS	Delivery Term: Within the day of the specified date of contract
Date of Delivery: October 16-18, 2024	Payment Term: Within 30 working days after receipt of SOA and list of asset with billings (if applicable)

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	2 Meals with Billing	17.00	1,800.00	30,600.00
2	PAX	Other Expenses - 3 meals with billing - 1	17.00	2,000.00	34,000.00
3	PAX	1 Meal	17.00	200.00	3,400.00

DAY 1
Lunch: Rice, Sinigang na Baboy, Crispy Chicken, Pinakbet, Fruits and Softdrinks
Dinner: Rice, Steamed Vegetables with Bagoong, Chicken Curry, Garlic Saring, Fruits, Softdrink

DAY 2
Breakfast: Rice, Sinigang na Hipon, Breaded Pork, Chicken Feet, Fruit Salad, Drinks
Lunch: Rice, Tinolang Isda, Pork BBQ, Chippsway, Fruits, Softdrinks
Dinner: Rice, Native Chicken, Pork Adobo, Sofanghon Gulsado, Fruit Salad, Softdrinks

DAY 3
Breakfast: Rice, Sinigang na Baboy, Chicken Adobo, Breaded Fish Fillet, Fruits, Softdrinks

**COMMISSION ON AUDIT
DSWD FO XIII
OFFICE OF THE AUDITOR
RECEIVED**

DATE: 10/14/2024 TIME: _____

BY: _____

(Total Amount in Words)	SIXTY EIGHT THOUSAND PESOS ONLY	TOTAL	68,000.00
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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.

Conformer: <u><i>Karen Brillantes</i></u> Signature Over Printed Name of Supplier: Date: <u>10-3-24</u>	Very truly yours, MARI FLOR A. DOLLAGA-UBANG Signature Over Printed Name of Authorized Officer: Regional Director
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Fund Cluster: <u>10</u> Fund Available: <u>10</u> GRETCHEN FERNANDEZ ESCALAR Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit Date: <u>10/1</u>	PO No: <u>24-09-10116</u> Date: <u>2024-09-18</u> Order No: <u>24-09-15004</u> Date: <u>2024-09-18</u> Source of Funds: <u>10</u> SACS: <u>500000000</u> Responsibility Center: <u>00000-10-01-01-00-00</u> Amount: <u>68,000.00</u>
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This agency adheres to "NO GIFT ALLOWED" policy pursuant to the provisions of RA 6713, otherwise the Code of Conduct and Ethical Standards for Public Officials and Employees.

** To track your Voucher/Receipt you may look in the following PO (SPACE) PURCHASE ORDER NUMBER and send to: 09533441154