

PURCHASE ORDER

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

Supplier Name: BALAI LA NINA BEACH RESORT	Purchase Order No.: 23-12-2150
Address: FABRE ST. BRGY AMONTAY, AGUSAN DEL NORTE	Date: 2023-12-12
TIN: 130-821-396.002	Mode of Procurement: NP Small Value Procurement
PhilGEPS No.: _____	

Gentlemen

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

Place of Delivery: Nasipit, Agusan del Norte	Delivery Term: As Per Book Schedule After Receipt of Approved P.O.
Date of Delivery: _____	Payment Term: As Per Billing

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	3 Meals and 2 Snacks with Billeting (DAY 1 Menu: BREAKFAST: Corned Beef, Scrambled Eggs, Fried Danggit, Rice, Coffee/Milo, AM SNACKS: Cassava Cake, Iced Tea, LUNCH: Chicken Calderita, Beef Steak, Pancit Canton, Rice, Softdrink, Fruit Salad, PM SNACKS: Banana Cake, Iced Tea, DINNER: Fish Fillet Sweet & Sour, Buttered Chicken, Sotanghon Guisado, Rice, Drinks, Macaroni Salad).	37.00	2,100.00	77,700.00
2	PAX	2 meals and 2 Snacks (DAY 2 Menu: BREAKFAST: Roll Eggs, Eggplan Tempora, Chicken Hotdog, Rice, Coffee/Milo, AM SNACKS: Chocolate Cake, Iced Tea, LUNCH: Beef Calderita, Chicken Adobo, Chopsuey, Rice, Softdrink, Buko Salad, PM SNACKS: Empanada, Softdrinks).	37.00	800.00	29,600.00

COMMISSION ON AUDIT
CSWD FO XIII
OFFICE OF THE AUDITOR
RECEIVED

DATE: 12/14/2023 TIME: _____

BY: [Signature]

"Catering Services: Caring for the careers Promoting Mental Health and Wellbeing for 4ps Mainstreamed staff"

(Total Amount in Words)	ONE HUNDRED SEVEN THOUSAND THREE HUNDRED PESOS ONLY	TOTAL	107,300.00
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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:

Very truly yours,

MARGALITO C. BULAGA
Signature Over Printed Name of Supplier
Date: 12/19/23

MARI-FLOR A. DOLLAGA- LIBANG
Signature Over Printed Name of Authorized Official
Regional Director
Designation

Fund Cluster: _____	DV No.: <u>23-12-2150</u> Date: <u>12/12/23</u>
Fund Available: _____	ORS/BURS No.: <u>23-12-2150</u> Date: <u>12/12/23</u>
	Source of Funds: <u>101</u>
	UACS Code: <u>500001000</u>
<u>GRETCHEN FERNANDEZ ESCALA</u> Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit Date: <u>12/15</u>	Responsibility Center: <u>00016-01-01-02-03</u>
	Amount: <u>107,300</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 may text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 **