

PURCHASE ORDER

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

Supplier Name: ROSS JAMES TOURIST INN	Purchase Order No: 24-09-1726
Address: Track 4 Lactulan, Cagwait, Surigao del Sur	Date: 2024-09-24
PN: 156-622-610-0000	Mode of Procurement: NP Small Value Procurement
PROJECT No:	

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

Type of Delivery: Cagwait, SOS	Delivery Term: Within the day of the specified date of conduct
Date of Delivery: October 24-26, 2024	Payment Term: Within 30 working days after receipt of SOA and list of guest with billfetting (if applicable)

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	2 Meals and 2 Snacks with Billeting (Day 1), Menu: (2 main dish, 1 side dish, rice, dessert/fruits, drinks)	55.00	2,200.00	121,000.00
2	PAX	1 Meals and 2 Snacks with Billeting (Day 2), Menu: (2 main dish, 1 side dish, rice, dessert/fruits, drinks)	55.00	2,600.00	143,000.00
3	PAX	2 Meals and 1 Snack (Day 3), Menu: (2 main dish, 1 side dish, rice, dessert/fruits, drinks)	55.00	950.00	52,250.00

COMMISSIONER OF AGRICULTURE
EDUARDO XILO
OFFICE OF THE AUDITOR
RECEIVED
DATE: 10/18/2024
BY: [Signature]

"Catering Services: Board and Lodging; Human Resource and Development Division Annual Conference Cum Caring for the Carers"

(Total Amount in Words)	THREE HUNDRED SIXTEEN THOUSAND TWO HUNDRED FIFTY PESOS ONLY	TOTAL	316,250.00
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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] **Judith C. Gopartha**
Signature Over Printed Name of Supplier
Date: 10/17/24

Very truly yours,
MARI-FLORA A. DOLLAGA-LIBANG
Signature Over Printed Name of Authorized Official
Regional Director
Designation

Fund Cluster:	<u>[Signature]</u> GRETCHEN FERNANDEZ ESCALA Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit	DV No.: <u>24-09-1726</u> Date: <u>10/17/2024</u>
Fund Available:	<u>[Signature]</u>	ORS/BURS No.: <u>24-09-1726</u> Date: <u>10/17/2024</u>
		Source of Funds: <u>[Signature]</u>
		UACS Code: <u>00000000000000000000000000000000</u>
		Responsibility Center: <u>00000000000000000000000000000000</u>
		Amount: <u>316,250.00</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 **

CERTIFIED TRUE COPY
JOWINA M. C. OROCISIMO
Administrative Assistant

PURCHASE ORDER

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

Supplier Name: BOSS JAMES TOURIST INN	Purchase Order No.: 24-09-1726
Address: Purok 4 Lactudan, Cagwait, Surigao del Sur	Date: 2024-09-24
TIN: 158-822-618-00000	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: Cagwait, SDS	Delivery Term: Within the day of the specified date of conduct
Date of Delivery: October 24-26, 2024	Payment Term: Within 30 working days after receipt of SOA and list of guest with billeting (if applicable)

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	2 Meals and 2 Snacks with Billeting (Day 1), Menu: (2 main dish, 1 side dish, rice, dessert/fruits, drinks)	55.00	2,200.00	121,000.00
2	PAX	3 Meals and 2 Snacks with Billeting (Day 2), Menu: (2 main dish, 1 side dish, rice, dessert/fruits, drinks)	55.00	2,600.00	143,000.00
3	PAX	2 Meals and 1 Snack (Day 3), Menu: (2 main dish, 1 side dish, rice, dessert/fruits, drinks)	55.00	950.00	52,250.00

"Catering Services: Board and Lodging: Human Resource and Development Division Annual Conference Cum Caring for the Carers"

(Total Amount in Words)	THREE HUNDRED SIXTEEN THOUSAND TWO HUNDRED FIFTY PESOS ONLY	TOTAL	316,250.00
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Conforme: Very truly yours,

_____ Signature Over Printed Name of Supplier <i>For the Regional Director:</i>	MARI- FLOR A. DOLLAGA- LIBANG Signature Over Printed Name of Authorized Official
_____ Date	_____ Designation

Fund Cluster: _____	TRISTAN C. TELEN, PH.D. MA, RE Director III / ARDA	DV No.: <u>2024-09-1726</u>	Date: <u>9/24/2024</u>
Fund Available: _____	GRETCHEN FERNANDEZ ESCALAR	ORS/BURS No.: <u>101</u>	Date: <u>9/24/2024</u>
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit		Source of Funds: <u>101</u>	
		UACS Code: <u>100016-01-02-09-201</u>	
		Responsibility Center: <u>00016-01-02-09-201</u>	
		Amount: <u>316,250</u>	

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