PURCHASE ORDER

Department of Social and Welfare and Development

Field Office Region XIII CARAGA

Purchase Order No.: 24-11-21:

| Supplier Name: Address: | : <u>PIETROS SQUARE CORPORATION</u> Imadejas Subdivision, <u>Butuan City</u> | | | Purchase Order No.: Date: | | <u>24-11-2110</u> <u>2024-11-26</u> | |
|----------------------------|--|------------------------------------|---------------------------------------|---|--|--|------------------|
| TIN: | 945-124-649-001 PMD - 12 - 953 | | | Mode of Procurement: | | Lease of Real Property and Venue | |
| PhilGEPS No.: _ | | | | | | | |
| Gentlemen | | | | | | | |
| Ple | ease furnish this | office the following articles subj | ect to the terms and conditions cor | ntained herein. | | Within the day of | the specified |
| | | , | | Delivery Term: | | Within the day of the specified date of conduct Within 30 working days after | |
| | | | | | | | |
| # | Unit | | Description | | Quantity | | Total Cost |
| 1 | PAX | Catering Services 3 Meals and 2 | | | 15.00 | 2,200.00 | 66,000.00 |
| 2 | PAX | | Snacks without Bilelting x 2 days | | 5.00 | 1,500.00 | 15,000.00 |
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| | | "Catering Service | s: TRAINING ON BUKLOD PAGLA | ом" | | 1 | |
| (Total Amo | unt in Words) | | EIGHTY-ONE THOUSAND PESOS ON | | | TOTAL | 81,000.00 |
| | | | | | | 1 | |
| In case of fa | ailure to make th | e full delivery within the time sp | ecified above, a penalty of one-tent | h (1/10) of one p | ercent for every | day of delay shall b | e imposed. |
| 6 | | | Very truly yours | i, | | | |
| Conforme: | | | | | 10000 | | |
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| | JUDY MAY | MARI- FLOR A. DOLLAGA- LIBANG | | | | | |
| | Signature Over Printed Name of Supplier Signature Over Printed Name of | | | | | | |
| | | Date | | | Regional Directo Designation | L | |
| Fund Cluster | | Date | | DV No. | M - 1 - 1(7) | Date: 11)24h | ^ |
| Fund Cluster: | | | | DV IVO: | | | |
| Fund Available: | | —— Y X/ | OR3/BOR3 No.: | | | | |
| | | | | Source of Funds | | - | |
| | | GRETCHEN FERNANDEZ ESCA | LA 🙀 | UACS Code: | UPWIU | | |
| Signatu | | Name of Chief Accountant/Head | | Responsibility C | enter:000 6 ~ | wot | |
| | | 1 | 129 | Amount: | 000.00 | | |
| This agency of | dheres to "NO G | FT ALLOWED" nolicy pursuant to | o the provision of R.A 6713 known a | | duct and Ethical | Standards for Pub | lic Official and |
| inis agency a | WITELES LO INO G | I I ALLOVELD POINTY PURSUALITY IN | תווטשווא כדום עייו ויסופועסום אווי ני | Jane Code of Con | and -timeur | | - 33 |

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 my text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 **