

**PURCHASE ORDER**

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

Supplier Name: <b>LIME AND ZEST KITCHEN</b>	Purchase Order No.: <b>24-09-1662</b>
Address: <b>J. Rosales Avenue, Bayanihan, Butuan City</b>	Date: <b>2024-09-20</b>
TIN: <b>249-112-209-000</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>Butuan City</b>	Delivery Term: <b>Within the day of the specified date of conduct</b>
Date of Delivery: <b>November 2024</b>	Payment Term: <b>Within 30 working days after receipt of SOA and list of guest with billeting (if applicable)</b>

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	3 Meals and 2 Snacks with Billeting for 2 days	40.00	1,930.00	154,400.00
2	PAX	2 meals and 2 Snacks Day 3 Departure	40.00	930.00	37,200.00
3	PAX	2 meals and 2 Snacks Food Provision for the Learning Management Team	5.00	930.00	13,950.00
<p><b>Menu: 2 main dish, 1 side dish, dessert/fruits, rice, softdrinks, snacks with drinks</b></p>					
<p><b>"Catering Services: Training on Coaching and Mentoring for LGU Partners Batch 1"</b></p>					

COMMISSION ON AUDIT  
DSWD FO XIII  
OFFICE OF THE AUDITOR  
**RECEIVED**  
DATE: **10/31/24**  
BY: **[Signature]**

(Total Amount in Words) **TWO HUNDRED FIVE THOUSAND FIVE HUNDRED FIFTY PESOS ONLY** **TOTAL** **205,550.00**

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,**

**Cristina Lusterio**  
Signature Over Printed Name of Supplier  
Date: **10/19/24**

**MARI-FLORES A. DOLLAGA-LIBANG**  
Signature Over Printed Name of Authorized Official  
Regional Director  
Designation: **[Signature]**

Fund Cluster: <b>bl</b>	DV No.: <b>24-09-14482</b> Date: <b>-</b>
Fund Available: <b>bl</b>	ORS/BURS No.: <b>24-09-15059</b> Date: <b>09/27/24</b>
<b>GRETCHEN FERNANDEZ ESCALA</b> Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit Date: <b>10/14</b>	Source of Funds: <b>101</b> UACS Code: <b>503-0101000</b> Responsibility Center: <b>0000-b1-b1-b1-b1</b> Amount: <b>205,550.00</b>

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 \*\***