Appendix 61

PURCHASE ORDER

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

| Address: TIN: PhilGEPS No.: | 249-112-209-000 | | Purchase Order No.: Date: Mode of Procurement: | 24-09-1727 2024-09-27 NP Smali value Procurement | |
|---------------------------------------|-------------------------|---|--|--|--------------|
| Gentlemen | | | | 1 | |
| 100 | | his office the following articles subject to the terms and condition | ons contained herein. | | |
| Place of Delivery: Date of Delivery: | | <u>Butuan City</u> Dec. 10-11, 2024 | Delivery Term: | Within the day of the specified date of conduct Within 30 working days after | |
| | T | | Payment Term: | receipt of SOA and list of gues with billeting (if applicable) | |
| 1 | Unit | Description | Quantit | CWING CO | |
| 2 | PAX | 3 Meals and 2 Snacks with Billeting Day 1 | 20.0 | 1,930.00 | 38,600. |
| 3 | PAX | 3 Meals and 2 Snacks without Billeting Day 1 | 20.0 | 1,180.00 | 23,600. |
| , | PAX | 2 meals and 2 Snacks without Billeting Day 2 | 40.0 | 930.00 | 37,200. |
| | | Menu: 2 main dish, 1 side dish, dessert/fruits, rice, softdrin | ks, snacks with drinks | | |
| | | - NET | | | |
| | | x CAST S | | | |
| | | | | 111017 | |
| | | | COMM SSION ON | 664 | - |
| | | | OFFICE OF THE A | UDITOR | |
| | | | RECEIL | in in | 1 |
| | | | DATE: | | |
| | | "Catering Services: Caraga Social Welfare and Develo | pment Learning | | |
| (Total Amour | nt in Words) | Network (SWD LNet) 4th Quarterly Meeting cum Annual | Program Review" | | |
| | | NINETY-NINE THOUSAND FOUR HUNDRI | | TOTAL | 99,400.00 |
| in case of fail | ure to make th | e full delivery within the time specified above, a penalty of one-to- | enth (1/10) of one percent for every d | ay of delay shall be | imposed. |
| Conforme: | | Very truly yo | ours, | | |
| | 0 | Piosi P | I WAL () | | |
| · | Signature C | Over Printed Name of Supplier | | LIBANG | |
| | | [0 3d M 20 | Signature Over Printed Name of Au Regional Director | thorized Official | |
| nd Cluster: | | Date | Designation | V | |
| nd Available: | | $\overline{}$ | DV No. 24-09-14814 C | ate: 9 27 | non |
| | | <u> </u> | | ate: 9/27/2 | on |
| | _1 | GRETCHEN FERNANDEZ ESCALANO | Source of Funds: 10 | | |
| Signature | Over Printed N | lame of Chief Accountant/Head of Accounting Division/Unit | Responsibility Center: 000/b | N-N-N-01 | |
| | | (0) (0) | Amount: 99 //00 - | | |
| nis agency adh | eres to " NO GII | T ALLOWED" policy pursuant to the provision of R.A 6713 known | as the Code of Conduct and Ethical St | andards for Public | Official and |

** To track your Voucher/Payment you my text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 **