



Department of Social and Welfare and Development

		Field Office Region XIII CARA	GA			
Address: MONTILLA BLVD., BUTUAN CITY TIN: 420-017-085-000 PhilGEPS No.:			Purchase Order No.: Date: Mode of Procurement:		24-10-1981 2024-10-24 NP Small Value Procurement	
Gentlemen	enhalf reid	Part Spin		V. H. F. D.	- Maria	
Please furnish this office the following articles subject to the terms and condition Place of Delivery: Butuan City Date of Delivery: November 29, 2024			Delivery Term: Payment Term:		Within the day of the specified date of conduct 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	3 Meals and 2 Snacks with Billeting, Menu: (2 main dish, 1 side	dish, rice,	30.00	2,600.00	78,000.00
2	PAX	dessert/fruits, drinks) 2 meals and 2 Snacks, Menu: (2 main dish, 1 side dish, rice, des:	sort/fruits drinks)	68.00		74,800.00
3	PAX	1 meal and 2 Snacks, Menu: (2 main dish, 1 side dish, rice, dess		52.00		36,400.00
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				100		
			6	SCION O	N AUDIT	
			1	SWD FO		
			OFFICE	OF THE	AUDITOR	
		1.36	RE		1 - M	4 =
			G (7 (1)222)	thems to v	Dr. Edicina, Chicata	
			DATE Had	114 -	10 20-	
			BY:	lmy l	61.26- 40	- 1
		"Catering Services: Social Welfare and Development Yea Knowledge Fair Version 11.0"	ar-End Forum cum			
(Total Amo	unt in Words)	ONE HUNDRED EIGHTY-NINE THOUSAND TWO	HUNDRED PESOS ONLY	1 1	TOTAL	189,200.00
In case of fa	ailure to make th	e full delivery within the time specified above, a penalty of one-to-		ent for every d	ay of delay shall be	imposed.
Conforme:		Very truly yo	ours,	1 .		
	Joshuk	Jumonong	MARI- FLOR	Mylos	LIBANG	
	Signature	over Printed Name of Supplier	Signature Over Print		uthorized Official	
		10/21/24 Date		gional Director	1	
Fund Cluster:		Date	DV No.: 74-10-	Designation -	Date: Whit	onl
Fund Available:			ORS/BURS No.:	10-16914	Date: 10 holy	onl
			Source of Funds:	101		
Clanat	ro Over Driete I	GRETCHEN FERNANDEZ ESCALA	UACS Code:	1	01 m a1 -	1
Signatu	re Over Printed	Name of Chief Accountant/Head of Accounting Division/Unit	Responsibility Cent	er: 000/6-	01010 -0	
This agency a	dheres to "NO G	IFT ALLOWED" policy pursuant to the provision of R.A 6713 know			Standards for Public	Official and
	** To track you	Employees. Ir Voucher/Payment you my text in the following PO [SPACE] PUR I	CHASE ORDER NUMBER	and send to (9560847559 **	