

**PURCHASE ORDER**

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

Supplier Name: <b>LODESTONE SHORES RESORT</b>	Purchase Order No.: <b>24-12-2201</b>
Address: <b>Pangasinan, Brgy. Portlamon, Hinatuan, SDS</b>	Date: <b>2024-12-13</b>
TIN: <b>185-679-564-000</b>	Mode of Procurement: <b>NP Small Value Procurement</b>
PHIGEPS No.:	

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

Place of Delivery: <b>Hinatuan, Surigao del Sur</b>	Delivery Term: <b>Within the day of the specified date of conduct</b>
Date of Delivery:	Payment Term: <b>Within 30 Working Days After the Inspection and Acceptance Report is received</b>

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	3 Meals and 2 Snacks with Billing for 2 days 3 Meals and 2 snacks with accommodation (2 main dish, 1 side dish, rice, dessert, drinks)	40.00	2,200.00	176,000.00
2	PAX	2 meals and 2 Snacks (2 main dish, 1 side dish, rice, dessert, drinks)	40.00	750.00	30,000.00
3	PAX	2 meals and 2 Snacks for 3 days (2 main dish, 1 side dish, rice, dessert, drinks)	5.00	750.00	11,250.00
<i>*Catering Services: Training on Coaching and Mentoring for LGU Partners Batch II*</i>					
(Total Amount in Words)			<b>TWO HUNDRED SEVENTEEN THOUSAND TWO HUNDRED FIFTY PESOS ONLY</b>		
				<b>TOTAL</b>	<b>217,250.00</b>

**COMMISSION ON AUDIT  
D SWD FO XIII  
OFFICE OF THE AUDITOR  
RECEIVED**

DATE: 12/27/24 TIME: \_\_\_\_\_  
BY: [Signature]

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.

Confirms: [Signature] **Karen O. Brillantes**  
Signature Over Printed Name of Supplier  
Date: 12/27/2024

Very truly yours,  
[Signature] **MARI-FLORES A. DOLAGA-UBANG**  
Signature Over Printed Name of Authorized Official  
Regional Director  
Designation

Fund Cluster:	<u>[Signature]</u> <b>GRETCHEN FERNANDEZ ESCALAR</b> Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit Date: <u>12/18</u>	INV No.: <u>24-12-20202</u> Date: <u>12/17/24</u>
Fund Available:		ORS/BURS No.: <u>24-12-20070</u> Date: <u>12/16/24</u>
		Source of Funds: <u>LOI</u>
		LIACS Code: <u>502090107</u>
		Responsibility Center: <u>FOI</u>
		Amount: <u>217,250.00</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 \*\*