

PURCHASE ORDER

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

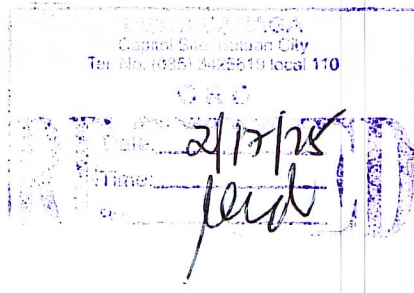
Supplier Name: LIME AND ZEST KITCHEN	Purchase Order No.: 25-02-0054
Address: J. Rosales Avenue, Bayanihan, Butuan City	Date: 2025-02-14
TIN: 249-112-209-000	Mode of Procurement: NP Small Value Procurement
PhilGEPS No.: 201702177000198880041	

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

Place of Delivery: Butuan City	Delivery Term: After the receipt of final and approved lay-out or design
Date of Delivery: February 26, 2025; May 23, 2025	Payment Term: Within 30 Working Days After the Inspection and Acceptance Report is received

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	1 meal and 2 Snacks 1st Quarter (Lunch, AM & PM snacks)	30.00	600.00	18,000.00
2	PAX	1 meal and 2 Snacks 2nd Quarter (Lunch, AM & PM snacks)	30.00	600.00	18,000.00
3	PAX	1 Meal with Billeting 2nd Quarter (with complementary breakfast) x 2 nights	1.00	2,450.00	4,900.00
4	PAX	Meal 2 Meals 2nd Quarter (lunch and dinner)	1.00	800.00	1,600.00

Menu: 2 main dish, 1 side dish, dessert/fruits, rice, softdrinks, snacks with drinks



2/19/2025
8:43

"Catering Services: CAPACITY BUILDING OF THE REGIONAL COMMITTEE ON DISABILITY AFFAIRS (RCDA) CUM TECHNICAL SHARING SESSION WITH THE NATIONAL COUNCIL ON DISABILITY AFFAIRS (NCDA)"

(Total Amount in Words) **FOURTY-TWO THOUSAND FIVE HUNDRED PESOS ONLY** TOTAL **42,500.00**

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:

[Signature]
Signature Over Printed Name of Supplier
VERLONE AAO
Date: **02/18/25**

Very truly yours,
For the Regional Director:
[Signature]
TRISTAN C. TELEN, PH.D. MA, REB
Regional Director
Director III / ARDA

MARI-FLOR A. DOLLAGA-LIBANG
Signature Over Printed Name of Authorized Official
Regional Director
Designation **W**

Fund Cluster: **1A**
Fund Available: _____

DV No.: **23-02-0724** Date: _____
ORS/BURS No.: **25-02-1208** Date: _____
Source of Funds: **101**
UACS Code: **50602020**
Responsibility Center: **00014-61-01-01**
Amount: **42,500**

GRETCHEN FERNANDEZ ESCALA
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit

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 **