

**PURCHASE ORDER**

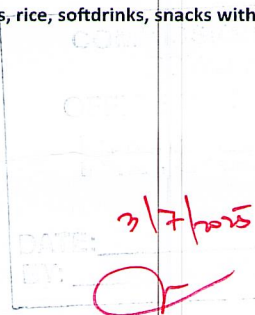
Department of Social and Welfare and Development  
Field Office Region XIII CARAGA

Supplier Name: <b>ROBINSONS LAND CORPORATION</b>	Purchase Order No.: <b>25-02-0186</b>
Address: <b>J.C. Aquino, Bayanihan, Butuan City</b>	Date: <b>2025-02-24</b>
TIN: <b>000-361-376-046</b>	Mode of Procurement: <b>NP Small Value Procurement</b>
PhilGEPS No.: 200905372131410451246	

*OMO - 03 - 260*

**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: _____	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	1 meal and 2 Snacks [Lunch, am & pm Snacks] (ADN and ADS Cluster)(Menu MEAL: 1 Soup (Cream or Clear Soup); 2 Main Dish (preferably beef, chicken and fish); 1 Side Dish (Vegetable or Noodles); 1 Dessert (sweets or assorted fruits); 1 Rice; 1 Softdrinks; SNACKS: AM (Kakanin); PM (Cakes or Sandwich); Drinks (Fruit Juice) Date of Activity: 1. March 19, 2025 2. May 28, 2025 3. August 27, 2025 4. October 29, 2025	33.00	700.00	92,400.00
2	PAX	1 meal and 2 Snacks [Lunch, am & pm Snacks] (SDS Cluster)(Menu MEAL: 1 Soup (Cream or Clear Soup); 2 Main Dish (preferably beef, chicken and fish); 1 Side Dish (Vegetable or Noodles); 1 Dessert (sweets or assorted fruits); 1 Rice; 1 Softdrinks; SNACKS: AM (Kakanin); PM (Cakes or Sandwich); Drinks (Fruit Juice) Date of Activity: 1. March 20, 2025 2. May 29, 2025 3. August 28, 2025 4. October 30, 2025	26.00	700.00	72,800.00
<p><b>Menu: 2 main dish, 1 side dish, dessert/fruits, rice, softdrinks, snacks with drinks</b></p> 					
<p><b>"Catering Services: 2025 SFP Quarterly Coordination Meeting with Local Focal Persons (ADN, ADS)"</b></p>					

(Total Amount in Words)	<b>ONE HUNDRED SIXTY-FIVE THOUSAND TWO HUNDRED PESOS ONLY</b>	<b>TOTAL</b>	<b>165,200.00</b>
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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.

<p>Conforme:</p> <p><i>KLIN / MODOC</i> Signature Over Printed Name of Supplier March 07, 2025 Date</p>	<p>Very truly yours,</p> <p>For the Regional Director:</p> <p><i>MARI-FLOR A. DOLLAGA-LIBANG</i> Signature Over Printed Name of Authorized Official Regional Director Designation</p>
<p>Fund Cluster: <u>101</u></p> <p>Fund Available: _____</p> <p><b>GRETCHEN FERNANDEZ ESCALA</b> Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit</p>	<p>DV No.: <u>25-02-1748</u> Date: <u>3/5/25</u></p> <p>ORS/BURS No.: <u>25-03-2305</u> Date: <u>3/5/25</u></p> <p>Source of Funds: <u>101</u></p> <p>UACS Code: <u>5029903000</u></p> <p>Responsibility Center: <u>00016-01-01-01-04-01</u></p> <p>Amount: <u>165,200</u></p>