

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

Supplier Name: THE GRANDE SUITES	Purchase Order No.: 25-02-0190
Address: Purok 6, San Juan, Surigao City	Date: 2025-02-24
TIN: 925-562-940-000	Mode of Procurement: NP Small Value Procurement
PHILGEPS No.: 177991	

DMU - m. Melp

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

Place of Delivery: Surigao City	Delivery Term: Within the day of the specified date of conduct
Date of Delivery: March 21, 2025; May 30, 2025; Aug. 29, 2025; Oct. 31, 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 (SDN and PDI 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 21, 2025 2. May 30, 2025 3. August 29, 2025 4. October 31, 2025 Menu: 2 main dish, 1 side dish, dessert/fruits, rice, softdrinks, snacks with drinks	36.00	700.00	100,800.00
<p>COMMISSION ON AUDIT BOARD OF AUDITORS OFFICE OF THE AUDITOR GENERAL</p> <p align="center"><i>3/12/2025 9:30</i></p> <p align="center"><i>S</i></p>					
(Total Amount in Words)		ONE HUNDRED THOUSAND EIGHT HUNDRED PESOS ONLY		TOTAL	100,800.00

"Catering Services: 2025 SFP Quarterly Coordination Meeting with Local Focal Persons (SDN & PDI Cluster)"

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:	Very truly yours,
<i>Norgean S. Capistrano</i> Signature Over Printed Name of Supplier Date: <u>3/11/25</u>	MARI-FLOR A. DOLLAGA-LIBANG Signature Over Printed Name of Authorized Official Regional Director Designation: <i>RD</i>

Fund Cluster: <u>101</u>	DV No.: <u>25-02-1853</u> Date: _____
Fund Available: _____	ORS/BURS No.: <u>25-02-2301</u> Date: _____
GRETCHEN FERNANDEZ ESCALA Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit	Source of Funds: <u>101</u>
	UACS Code: <u>522903000</u>
	Responsibility Center: <u>00076-01-01-01-01-01</u>
	Amount: <u>100,800.00</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 my text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 ****