

PURCHASE ORDER

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

Supplier Name: LMX HOTEL AND CONVENTION CENTER	Purchase Order No.: 25-03-0245
Address: Bancasi, Butuan City	Date: 2025-02-28
TIN: 290-737-014-00050	Mode of Procurement: NP Small Value Procurement
PhilGEPS No.: 201708-146484-1460863923	

(Handwritten: GYM - 07.7.27)

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

Place of Delivery: Butuan City	Delivery Term: Within the day of the specified date of conduct
Date of Delivery: April 4, 2025; June 6, 2025; Aug. 8, 2025; Oct. 10, 2025; Dec. 5, 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 5 months Lunch, AM and PM snacks - March, June, August, October, December Menu: 2 main dish, 1 side dish, dessert/fruits, rice, softdrinks, 2 snacks with drinks	50.00	700.00	175,000.00

COMMISSION ON AUDIT
D-SWD FO AM
OFFICE OF THE AUDITOR
[Stamp]
DATE: **3/10/2025**
BY: *(Signature)*

"Catering Services: BI-MONTHLY MEETING FOR REGIONAL SOCIAL PENSION UNIT (RSPU) STAFF - MARCH, JUNE, AUGUST, OCTOBER, DECEMBER"

(Total Amount in Words)	ONE HUNDRED SEVENTY-FIVE THOUSAND PESOS ONLY	TOTAL	175,000.00
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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>(Signature)</i> MARIA GRACIA S. DANCALAM - LMX ACCTG Signature Over Printed Name of Supplier Date: 3/10/2025</p>	<p>Very truly yours,</p> <p><i>(Signature)</i> MARI- FLOR A. DOLLAGA- LIBANG Signature Over Printed Name of Authorized Official Regional Director Designation</p>
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<p>Fund Cluster: 101</p> <p>Fund Available: _____</p> <p><i>(Signature)</i> GRETCHEN FERNANDEZ ESCALA Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit</p>	<p>DV No.: 25-03-2294 Date: _____</p> <p>ORS/BURS No.: 25-03-2382 Date: _____</p> <p>Source of Funds: 101</p> <p>UACS Code: 502990300</p> <p>Responsibility Center: 0016-01-01-01-04-02</p> <p>Amount: 175,000</p>
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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 **