

PURCHASE ORDER

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

Supplier Name: VCDU PRINCE HOTEL INC.	Purchase Order No.: 25-03-0257
Address: MONTILLA BLVD., BUTUAN CITY	Date: 2025-03-10
TIN: 420-017-085-000	Mode of Procurement: NP Small Value Procurement
PhilGEPS No.: 201110-44914-870732341	

Handwritten: 25-03-1072

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 10-11, 2025	Payment Term: Within 30 Working Days After the Inspection and Acceptance Report is received

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	3 Meals and 2 Snacks with Billeting Breakfast, Lunch, Dinner AM and PM snacks - DAY 1	41.00	2,600.00	106,600.00
2	PAX	1 meal and 2 Snacks without Billeting Lunch, Am and Pm snacks - DAY 1	12.00	700.00	8,400.00
3	PAX	3 Meals and 2 Snacks with Billeting Breakfast, Lunch, Dinner, Am and Pm Snacks - DAY 2	52.00	2,600.00	135,200.00
4	PAX	1 meal and 2 Snacks without Billeting Lunch, Am and Pm Snacks - DAY 2	13.00	700.00	9,100.00

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

COMMISSION ON AUDIT
DOWD PO AM
OFFICE OF THE AUDITOR
RECEIVED

DATE: 3/21/2025
BY: [Signature]

"Catering Services: TECHNICAL SHARING ON LOCAL GOVERNMENT UNIT'S PREPAREDNESS FOR TRANSFER OF FUNDS FOR IMPLEMENTATION OF SOCIAL PENSION PROGRAM"

(Total Amount in Words) **TWO HUNDRED FIFTY-NINE THOUSAND THREE HUNDRED PESOS ONLY** TOTAL **259,300.00**

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.

<p>Conforme: _____</p> <p>Signature Over Printed Name of Supplier</p> <p><u>03/21/25</u> Date</p>	<p>Very truly yours,</p> <p><u>[Signature]</u> MARI-FLORES A. DOLLAGA- LIBANG Signature Over Printed Name of Authorized Official Regional Director Designation</p>
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<p>Fund Cluster: <u>101</u></p> <p>Fund Available: _____</p> <p><u>[Signature]</u> GRETCHEN FERNANDEZ ESCALA Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit</p>	<p>DV No.: <u>25-03-2384</u> Date: _____</p> <p>ORS/BURS No.: <u>25-03-2381</u> Date: _____</p> <p>Source of Funds: <u>101</u></p> <p>UACS Code: <u>5020201000</u></p> <p>Responsibility Center: <u>50516-01-01-01-01-00</u></p> <p>Amount: <u>259,300.00</u></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 may text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 **