

PURCHASE ORDER

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

Supplier Name: KAWA RESORT	Purchase Order No.: 25-03-0261
Address: MAUNAO GENERAL LUNA, SURIGAO DEL NORTE	Date: 2025-03-06
TIN: 932-520-952-001	Mode of Procurement: Lease of Real Property and Venue
PHIGEPS No.: 275182	

ORLY - 07 - 25

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

Place of Delivery: Surigao del Norte	Delivery Term: Within the day of the specified date of conduct
Date of Delivery: March 10-14, 2025	Payment Term: Within 30 Working Days After the Inspection and Acceptance Report is received

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	2 Meals with Billeting lunch and dinner-March 10	20.00	1,900.00	38,000.00
2	PAX	3 Meals and 1 Snack AM Snacks (March 11-13) w/ billet	20.00	2,450.00	147,000.00
3	PAX	1 Meal without billeting (breakfast) -March 14	20.00	400.00	8,000.00
Menu: 2 main dish, 1 side dish, dessert/fruits, rice, softdrinks, snacks with drinks					
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>OFFICE OF THE AUDITOR GENERAL REVIEW</p> <p><i>3/7/2025</i></p> <p><i>[Signature]</i></p> </div>					
"Catering Services: Pre, During, Post Court Hearing of the Kaplan Cases"					

(Total Amount in Words) **ONE HUNDRED NINETY-THREE THOUSAND PESOS ONLY** **TOTAL** **193,000.00**

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]* Very truly yours, *[Signature]*

FATMA DIANE B. TROZO **MARI-FLOR A. DOLLAGA-LIBANG**
Signature Over Printed Name of Supplier Signature Over Printed Name of Authorized Official
Date: **3-7-25** Regional Director Designation

Fund Cluster: _____	DV No.: 25-03-2131 Date: _____
Fund Available: _____	ORS/BURS No.: 2009-2418 Date: 3/6/25
GRETCHEN FERNANDEZ ESCALAR	Source of Funds: 107
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit	UACS Code: 107990300
	Responsibility Center: 00016-01-01-01-04
	Amount: 193,000

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 **

VERIFIED TRUE COPY
JOWINA M. TOROCOSIMO
Administrative Assistant II