

PURCHASE ORDER

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

Supplier Name: LIME AND ZEST KITCHEN	Purchase Order No.: 25-03-0276
Address: J. Rosales Avenue, Bayanihan, Butuan City	Date: 2025-03-10
TIN: 249-112-209-000	Mode of Procurement: Lease of Real Property and Venue
PhilGEPS No.: 2017021770001988800041	OPD - 07 - 872

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

Place of Delivery: Butuan City	Delivery Term: 2 Days
Date of Delivery: September 11-12, 2025	Payment Term: Within 30 working days after receipt of SOA and list of guest with billeting (if applicable)

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	2 Meals and 2 Snacks with Billeting (Day 1-Lunch, AM and PM Snacks, Dinner)	15.00	1,680.00	25,200.00
2	PAX	1 meal and 2 Snacks without Billeting (Day 1 - Lunch, AM Snacks, PM Snacks)	15.00	600.00	9,000.00
3	PAX	2 meals and 2 Snacks without Billeting (Day 2-BFast, Lunch, AM and PM Snacks)	15.00	930.00	13,950.00
4	PAX	1 meal and 2 Snacks (Day 2 - Lunch, AM Snack, PM Snack)	15.00	600.00	9,000.00
2 Main Dish, 1 Side Dish, 1 Dessert, Softdrinks, Rice					

**COMMISSION ON AUDIT
DSWD FO XIII
OFFICE OF THE AUDITOR
RECEIVED**

DATE: 3/19/2025 TIME: _____
BY: _____

"Board and Lodging: SULONG DUNONG: FY 2025 SLP Technical Sharing Session 2 of RPMO and POO Technical Staff"

(Total Amount in Words)	FIFTY-SEVEN THOUSAND ONE HUNDRED FIFTY PESOS ONLY	TOTAL	57,150.00
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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.

Conforme: _____ Very truly yours, _____

Signature Over Printed Name of Supplier: Alia Rose
Date: _____

Signature Over Printed Name of Authorized Official: MARI-FLORENTINO DOILAGA-LIBANG
Regional Director
Designation

Fund Cluster: _____	DV No.: <u>28-03-2533</u> Date: _____
Fund Available: _____	ORS/BURS No.: <u>28-03-2696</u> Date: _____
RCH/D. TURTUR GRETCHEN FERNANDEZ ESCALA	Source of Funds: <u>101</u>
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit	UACS Code: <u>50299030</u>
	Responsibility Center: <u>00516-01.01-02-07</u>
	Amount: <u>57,150.00</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 may text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 **

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