Appendix 61

PURCHASE ORDER

		Department of Social and Welfare at Field Office Region XIII CAI					
Supplier Name: LIME AND ZEST KITCHEN Address: J. Rosales Avenue, Bayanihan, Butuan City			Purchase Order No Date:	p.:	25-03-0319 2025-03-17		
TIN: PhilGEPS No.: 2	<u>249-112-209-0</u> 0170217700019		Mode of Procurem	ent:	NP Small Value Procurement		
Gentlemen pt	ease furnish this	office the following articles subject to the terms and condition	ons contained herein				
Place of Delivery:		Butuan City	Delivery Term:		Within the day of the specified date of conduct		
Date of Delivery:		May 8-9, 2025; Oct. 9-10, 2025	Payment Term:		Within 30 Working the Inspection and Report is received		
#	Unit	Description		Quantity		Total Cos	
1	PAX	2 Meals and 2 Snacks with Billeting Lunch, Dinner, AM and PI SEM		6.00	2,050.00	12,300.0	
2	PAX	2 meals and 2 Snacks without Billeting breakfast and lunch AM and PM snacks - DAY 2 1ST SEM			1,050.00	6,300.0	
3	PAX	1 meal and 2 Snacks Lunch, AM and PM snacks - DAY 1 AND 2 -1ST SEM (FO staff)			700.00	12,600.0	
4	PAX	2 Meals and 2 Snacks with Billeting lunch, dinner, AM and PM snacks - DAY 1 2ND SEM		6.00	2,050.00	12,300.0	
5	PAX	2 meals and 2 Snacks without Billeting breakfast, lunch, AM and PM snack - DAY 2 2ND SEM		6.00	1,050.00	6,300.0	
6	PAX	1 meal and 2 Snacks Lunch, AM and PM snacks - DAY 1 AND 2 -2ND SEM (FO staff) 9.00		700.00	12,600.0		
		Menu: 2 main dish, 1 side dish, dessert/fruits, rice, softdrin	CORER. 6-2	. 20° .?)	,		
(Total Amai	unt in Words)	CUM CASELOAD INVENTORY WITH SOCIAL V	NORKERS"				
(total Allion	ant in words)	SIXTY-TWO THOUSAND FOUR HUNDI	RED PESOS UNLI	••	TOTAL	62,400.0	
In case of fa	illure to make th	e full delivery within the time specified above, a penalty of one	-1	ent for every o	lay of delay shall be	imposed.	
Conforme:	J	obelyn Firiquez For the Regional Director		0 A DOU AGA	LIDANG		
	Signature (Over Protest Name of Supplier TRISTAN C. TELEM Date Director M	Signature Ver Prin	gional Director	uthorized Official		
Fund Cluster:	্স	Date UIIEC(UI VIII	DV No.: 14-69-	Designation	Date:		
Fund Available:		/n./	ORS/BURS No.: 15		Date:		
		AMILM TACULOD	Source of Funds: _ UACS Code:	かり 別			
Signatu	Chiel re Over Printed I MAR	Administrative Clification Name of Chief Accountant/Head of Accounting Division/Unit 2 5 2025	Responsibility Cent	ter: 606/6	্লং গ্ৰু	4-2	

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 ***