

## PURCHASE ORDER

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

Supplier Name: <b>KAWA RESORT</b>	Purchase Order No.: <b>25-03-0440</b>
Address: <b>MAUNAO, GENERAL LUNA, SURIGAO DEL NORTE</b>	Date: <b>2025-03-24</b>
TIN: <b>932-520-952-001</b>	Mode of Procurement: <b>Lease of Real Property and Venue</b>
PhilGEPS No.: <b>275182</b>	

DM - 07.1776

Gentlemen

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

Place of Delivery: <b>General Luna, Surigao del Norte</b>	Delivery Term: <b>Within the day of the specified date of conduct</b>
Date of Delivery: <b>July 14-18, 2025</b>	Payment Term: <b>Within 30 Working Days After the Inspection and Acceptance Report is received</b>

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	2 Meals and 2 Snacks with Billeting (lunch, dinner, AM and PM snacks) Day 1	130.00	2,200.00	286,000.00
2	PAX	3 Meals and 2 Snacks with Billeting for 3 days (breakfast, lunch, dinner, AM and PM snacks, billeting) Day 2-4	130.00	2,500.00	1,014,000.00
3	PAX	2 Meals and 1 Snack (breakfast, lunch, AM snacks) Day 5	130.00	950.00	123,500.00

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

COMMISSION ON GOVT  
DEPT TO ALL  
OFFICE THE AUDITOR  
RECEIVED

DATE: 4/2/2025 TIME: 4:18  
BY: 8

"Catering Services: National Mid-Year Program Review and Evaluation Workshop on Peace and Development Programs"

(Total Amount in Words)	ONE MILLION FOUR HUNDRED TWENTY-THREE THOUSAND FIVE HUNDRED PESOS ONLY	TOTAL	1,423,500.00
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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,

**FATIMA DIANE TROZO**

Signature Over Printed Name of Supplier

2-4-25  
Date

**MARI FLOR A. DOLLAGA-LIBANG**

Signature Over Printed Name of Authorized Official

Regional Director  
Designation

H 3/1/2025

Fund Cluster: **101**

Fund Available: \_\_\_\_\_

**MARY ANN M. MANTILA**

Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit

DV No.: **25-03-0440** Date: \_\_\_\_\_

ORS/BURS No.: **25-03-0440** Date: \_\_\_\_\_

Source of Funds: **1.01**

UACS Code: **107.01.003**

Responsibility Center: **0000-01-01-01**

Amount: **1,423,500.00**

This agency adheres to "NO GIFT ALLOWED" policy pursuant to the provision of RA 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 \*\*