

PURCHASE ORDER

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

Supplier Name: LIME AND ZEST KITCHEN	Purchase Order No.: 25-03-0300
Address: J. Rosales Avenue, Bayanihan, Butuan City	Date: 2025-03-11
TIN: 249-112-209-000	Mode of Procurement: NP Small Value Procurement
PhilGEPS No.: 201702-17700-01988800041	

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: May 22, 2025	Payment Term: Within 30 Working Days After the Inspection and Acceptance Report is received

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	1 meal and 2 Snacks (1 day conduct 87 pax) (Menu: AM SNACKS: Puto Maya, Sikwate, LUNCH: Beef Stew Korean, Fried Chicken, Pinakbet, Macaroni Salad, Rice, Softdrinks, PM SNACKS: Special Siopao, Blue Lemonade)	87.00	600.00	52,200.00
2	PAX	1 meal and 2 Snacks (1 day conduct for 15 pax) (Menu: AM SNACKS: Puto Maya, Sikwate, LUNCH: Beef Stew Korean, Fried Chicken, Pinakbet, Macaroni Salad, Rice, Softdrinks, PM SNACKS: Special Siopao, Blue Lemonade)	15.00	600.00	9,000.00
3	PAX	1 meal and 2 Snacks (1 day conduct for 5 pax) (Menu: AM SNACKS: Puto Maya, Sikwate, LUNCH: Beef Stew Korean, Fried Chicken, Pinakbet, Macaroni Salad, Rice, Softdrinks, PM SNACKS: Special Siopao, Blue Lemonade)	5.00	600.00	3,000.00
(Total Amount in Words)		SIXTY-FOUR THOUSAND TWO HUNDRED PESOS ONLY		TOTAL	64,200.00

"Catering Services: Agusan del Norte Provincial Case Management Consultation Workshop (1st Semester May 22, 2025)"

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,**

Jobelyn Enriquez

Signature Over Printed Name of Supplier

Date

MARI-FLOR A. DOLLAGA-LIBANG

Signature Over Printed Name of Authorized Official

Regional Director

Designation

Fund Cluster: **1-1**

Fund Available: _____

DV No.: **25-03-2723** Date: _____ORS/BURS No.: **25-03-020** Date: _____Source of Funds: **101**UACS Code: **502901700**Responsibility Center: **0070-01-01-02-03**Amount: **64,200.00**

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

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 **