

PURCHASE ORDER


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

Supplier Name: LIME AND ZEST KITCHEN	Purchase Order No.: 25-03-0406
Address: J. Rosales Avenue, Bayanihan, Butuan City	Date: 2025-03-20
TIN: 249-112-209-000	Mode of Procurement: NP Small Value Procurement
PhilGEPS No.: 201702-17700-01988800041	AMN. 04.555

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 23, 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 (Menu: AM SNACKS: Moron House Blend, Iced Tea, LUNCH: Breaded Fish, Chicken Adobo, Lohanchai, Buko Pandan,Rice , Softdrinks, PM SNACKS: Ube Turon, Dalandan Juice)	135.00	600.00	81,000.00
2	PAX	1 meal and 2 Snacks (Menu: AM SNACKS: Moron House Blend, Iced Tea, LUNCH: Breaded Fish, Chicken Adobo, Lohanchai, Buko Pandan,Rice , Softdrinks, PM SNACKS: Ube Turon, Dalandan Juice)	17.00	600.00	10,200.00
3	PAX	1 meal and 2 Snacks (Menu: AM SNACKS: Moron House Blend, Iced Tea, LUNCH: Breaded Fish, Chicken Adobo, Lohanchai, Buko Pandan,Rice , Softdrinks, PM SNACKS: Ube Turon, Dalandan Juice)	5.00	600.00	3,000.00
<div><div>COMMISSIONER OF PROBATION D. JOSE P. JOY OFFICE OF THE COMMISSIONER REGIONAL OFFICE DATE: 4/11/2025 BY: </div><div>"Catering Services: Provincial Semestral Technical Sharing Session for Agusan del Norte (1st Semester, May 23, 2025)"</div></div>					
(Total Amount in Words)		NINETY-FOUR THOUSAND TWO HUNDRED PESOS ONLY		TOTAL	94,200.00

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:**Very truly yours,**



Signature Over Printed Name of Supplier

4/11/2025

Date

MARI- FLOR A. DOLLAGA- LIBANG

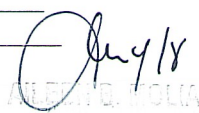
Signature Over Printed Name of Authorized Official

Regional Director

Designation

Fund Cluster: **101**

Fund Available: _____



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

DV No.: **25-03-3401** Date: _____ORS/BURS No.: **25-03-3401** Date: _____Source of Funds: **101**UACS Code: **502990300**Responsibility Center: **50216-07-07-02-03**Amount: **94,200.00**

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 ****