

## PURCHASE ORDER

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

Supplier Name: <b>MAMA LIL'S CATERING SERVICES</b>	Purchase Order No.: <b>25-04-0849</b>
Address: <b>P-2 Brgy. La Purisima, Cagwalt, Surigao del Sur</b>	Date: <b>2025-04-11</b>
TIN: <b>232-281-656-000</b>	Mode of Procurement: <b>NP Small Value Procurement</b>
PhilGEPS No.: 226817	

020-04.1777

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

Place of Delivery: <b>Cagwalt, Surigao del Sur</b>	Delivery Term: <b>Within the day of the specified date of conduct</b>
Date of Delivery: <b>April 29, 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	1 meal and 2 Snacks (Menu: AM SNACKS: Buko Pie, Bottle Water, LUNCH: Beef Steak, Fish Kinilaw, Chopsuey, Chicken Lumpia, Fruits, Softdrinks, Rice, PM SNACKS: Bibingka, C2)	105.00	700.00	73,500.00
<div style="text-align: center;"> <p>COMMISSIONER ON AUDIT OFFICE OF THE AUDITOR RECEIVED</p> <p>DATE: <u>4/28/2025</u> TIME: _____</p> <p>BY: <u>[Signature]</u></p> </div>					
<p style="text-align: center;">"Catering Services: Surigao del Sur Case Management Conference (1st Semester 2025)"</p>					
(Total Amount in Words) <b>SEVENTY-THREE THOUSAND FIVE HUNDRED PESOS ONLY</b>				<b>TOTAL</b>	<b>73,500.00</b>

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,

MICHAEL C. DE VITO

Signature Over Printed Name of Supplier

Date

4/28/2025

MARI-FLOR A. DOLLAGA-LIBANG

Signature Over Printed Name of Authorized Official

Regional Director

Designation

Fund Cluster: 01

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

ALEEN B. MOLINA

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

DV No.: 25-04-4476 Date: \_\_\_\_\_ORS/BURS No.: 15-04-488 Date: \_\_\_\_\_Source of Funds: 101UACS Code: 2410700Responsibility Center: 0016-01-01-02-03Amount: 73,500.

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 \*\*