

PURCHASE ORDER

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

Supplier Name: LIME AND ZEST KITCHEN	Purchase Order No.: 24-12-2242
Address: J. Rosales Avenue, Bayanihan, Butuan City	Date: 2024-12-26
TIN: 249-112-209-000	Mode of Procurement: NP Small Value Procurement
PhilGEPS No.: _____	

Handwritten: DND-12-1510

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

Place of Delivery: DSWD Caraga Regional Office, Capitol Site, Butuan City	Delivery Term: Within the day of the specified date of conduct
Date of Delivery: _____	Payment Term: Within 30 Working Days After the Inspection and Acceptance Report is received

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	3 Meals and 2 Snacks with Billeting (Day 1)	2.00	2,010.00	4,020.00
2	PAX	2 Meals and 1 Snack with Billeting (Day 1)	38.00	1,545.00	58,710.00
3	PAX	1 Meal and 1 Snack (Day 1)	25.00	465.00	11,625.00
4	PAX	3 Meals and 2 Snacks with Billeting (Day 2)	40.00	2,010.00	80,400.00
5	PAX	1 meal and 2 Snacks (Day 2)	25.00	600.00	15,000.00
6	PAX	2 Meals and 1 Snack (Day 3)	40.00	795.00	31,800.00
7	PAX	1 Meal and 1 Snack (Day 3) 2 main dish, 1 side dish, rice, dessert, soft drinks	25.00	465.00	11,625.00

COMMISSION ON AUDIT
DSWD FO XIII
OFFICE OF THE AUDITOR
RECEIVED

DATE: 1/2/2025 TIME: 4:10 p.m
BY: _____

Catering Services: TWG Forum on Regional Strategic Planning Workshop for Risk Resiliency Program (RRP) Project LAWA at BINHI CY 2025 implementation "

(Total Amount in Words) **TWO HUNDRED THIRTEEN THOUSAND ONE HUNDRED EIGHTY PESOS ONLY** TOTAL **213,180.00**

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: _____
Signature Over Printed Name of Supplier
Date: 01-02-25

Very truly yours,
MARI-FLORENTINA A. DOLLAGA-LIBANG
Signature Over Printed Name of Authorized Official
Regional Director
Designation

Fund Cluster: 101
Fund Available: _____
GRETCHEN FERNANDEZ ESCALA
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit
12/27

DV No.: 24-12-225299 Date: _____
ORS/BURS No.: 24-12-21697 Date: _____
Source of Funds: 101
UACS Code: 5026201000
Responsibility Center: 0000-01-01-00
Amount: 213,180

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 ****