Appendix 63

PURCHASE ORDER

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

25-05-0755

Supplier Name:	LCA GARDEN INN AND CATERING SERVICES	Purchase Order No.:	25-05-0755
Address:	CARRASCAL, SURIGAO DEL SUR	Date:	2025-05-16
TIN:	107-862-583-000	Mode of Procurement:	Lease of Real Property and Venue
PHILGEPS No.:	1627283	ORS. 01-149D	

Gentlemen:

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

Place of Delivery:	Carrascal, Surigao del Sur	Delivery Term:	Within the day of the specified date of conduct
Date of Delivery:		Payment Term:	Within 30 working days after receipt of SOA and list of guest with billeting (if applicable)

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	2 Meals and 2 Snacks with Billeting (1st day) (Menu: 2 main dish, 1 side dish, rice, dessert/fruits, drinks)	45.00	1,750.00	78,750.00
2	PAX	2 meals and 2 Snacks without Billeting (3rd day) (Menu: 2 main dish, 1 side dish, rice, dessert/fruits, drinks)	45.00	1,050.00	47,250.00
3	PAX	3 Meals and 2 Snacks with Billeting (2nd day) (Menu: 2 main dish, 1 side dish, rice, dessert/fruits, drinks)	45.00	2,050.00	92,250.00

COMMISSION ON AUDIT
DSWD FO XIII
OFFICE OF THE AUDITOR
RECEIVED
DATE: 6/4/2025 TIME:
BY:

PROCUREMENT
Date: 6/3/2025
Time: 4:20 pm

"Catering Services: Accommodation and Catering Services: Roll-out Training on the Promotion of Mental Health Modules for 4PS Staff (ADS and SDS)"

(Total Amount in Words)		
TWO HUNDRED EIGHTEEN THOUSAND TWO HUNDRED FIFTY PESOS ONLY	TOTAL	218,250.00

218,250

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.

Very truly yours,

Conforme:

LCA Garden Inn & Catering Services
Signature Over Printed Name of Supplier

05-20-2025
Date

MARI-FLOR A. DONLAGA-LIBANG
Signature Over Printed Name of Authorized Official

Regional Director
Designation

Fund Cluster:
Fund Available:

ALEEN B. MOLIA
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit

DV No.: 25-05-0764 Date:
ORS/BURS No.: Date:
Source of Funds: 1-1
UACS Code:
Responsibility Center:
Amount: