

PURCHASE ORDER

Department of Social and Welfare and Development

Field Office Region XIII CARAGA

Supplier Name: LMX HOTEL AND CONVENTION CENTER	Purchase Order No.: 25-05-0774
Address: Bancasi, Butuan City	Date: 2025-05-20
TIN: 290-737-014-00050	Mode of Procurement: NP Small Value Procurement
PhilGEPS No.: 201708-146484-1460863923	

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: November 15-16, 2025	Payment Term: Within 30 Working Days After the Inspection and Acceptance Report is received

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	2 Meals and 2 Snacks with Billeting (Billeting with Lunch, Dinner, AM and PM snacks) 1st day for PDI, SDS, SDN, ADS staff	138.00	1,850.00	255,300.00
2	PAX	1 meal and 2 Snacks without Billeting (No Billeting with Lunch, AM and PM snacks) 1st day for FO staff	99.00	700.00	69,300.00
3	PAX	2 meals and 2 Snacks without Billeting (No Billeting with Breakfast, Lunch, AM and PM snacks) 2nd day for PDI, SDS, SDN, ADS staff	138.00	900.00	124,200.00
4	PAX	1 meal and 2 Snacks without Billeting (No Billeting with Lunch, AM and PM snacks) 2nd day for FO staff	99.00	700.00	69,300.00

Menu: 2 main dish, 1 side dish, dessert/fruits, rice, softdrinks, 2 snacks with drinks

ACCOUNTING SECTION
RECEIVED
27 MAY 2025

TIME: 10:28 AM
BY: *[Signature]*

COMMISSIONER OF AUDIT
OFFICE OF THE AUDITOR
RECEIVED
DATE: 6/4/2025
BY: *[Signature]*

"Catering Services: CRISIS INTERVENTION SECTION YEAR END ASSESSMENT"

(Total Amount in Words)	FIVE HUNDRED EIGHTEEN THOUSAND ONE HUNDRED PESOS ONLY	TOTAL	518,100.00
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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

Very truly yours,

For the Regional Director:
TRISTAN C. TELAN, PhD, MA, REB
Director III/AREA

MARI-FLOR A. DOLLAGA-LIBANG

Signature Over Printed Name of Authorized Official

Regional Director

Designation

Fund Cluster: **101**Fund Available: **101**

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

AILEEN B. MOLIADV No.: **25-05-6433** Date: **05/27/2025**ORS/BURS No.: **25-05-6433** Date: **05/27/2025**Source of Funds: **101**UACS Code: **5020001002**Responsibility Center: **518-101-01-01-03**Amount: **518,100.00**

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 may text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 **