

PURCHASE ORDER

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

Supplier Name: KAWA RESORT		Purchase Order No.: 25-05-0778			
Address: MALINAO, GENERAL LUNA, SURIGAO DEL NORTE		Date: 2025-05-20			
TIN: 932-520-952-001		Mode of Procurement: NP Small Value Procurement			
PHIGEPS No.: 275182					
Gentlemen					
Please furnish this office the following articles subject to the terms and conditions contained herein.					
Place of Delivery: Surigao del Norte		Delivery Term: Within the day of the specified date of conduct			
Date of Delivery: Sept. 23-26, 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 1 Snack with Billeting lunch, PM snack, dinner - Sept 23, 2025	44.00	2,250.00	99,000.00
2	PAX	3 Meals and 2 Snacks with Billeting for 2 days breakfast, am/pm snack, lunch, dinner (Day 2-3) Sept 24-25, 2025	44.00	2,600.00	228,800.00
3	PAX	1 Meal and 1 Snack breakfast, am snack (Sept 26, 2025)	44.00	550.00	24,200.00
Menu: 2 main dish, 1 side dish, dessert/fruits, rice, softdrinks, 2 snacks with drinks					
ACCOUNTING SECTION RECEIVED 27 MAY 2025 TIME: <u>10:05 AM</u> BY: <u>[Signature]</u>					
COMMISSION ON GOVERNMENT ACCOUNTS RECEIVED OFFICE OF THE AUDITOR 2025 DATE: <u>6/4/2025</u> TIME: <u>[Signature]</u>					
"Catering Services: National Program Review and Evaluation Workshop (PREW) on SHIELD Program Against Child Labor"					
(Total Amount in Words)		THREE HUNDRED FIFTY-TWO THOUSAND PESOS ONLY		TOTAL	352,000.00
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,			
FATIMA DIANE TR670 Signature Over Printed Name of Supplier Date: <u>6/2/25</u>		MARI-FLOR A. DOLLAGA-LIBANG Signature Over Printed Name of Authorized Official Regional Director Designation: <u>[Signature]</u>			
Fund Cluster: <u>101</u>		DV No.: <u>25-05-0778</u> Date: <u>[Signature]</u>			
Fund Available: <u>[Signature]</u>		ORS/BURS No.: <u>25-05-0778</u> Date: <u>[Signature]</u>			
AILEEN B. MOLIA Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit		Source of Funds: <u>[Signature]</u>			
		UACS Code: <u>25-05-0778</u>			
		Responsibility Center: <u>[Signature]</u>			
		Amount: <u>25-05-0778</u>			

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 Officials and Employees.

** To track your Voucher/Payment you may text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 **