

PURCHASE ORDER

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

Supplier Name: SHACENE PENSION HOUSE AND RESTAURANT	Purchase Order No: 25-06-0915
Address: Mabua, Tandag City	Date: 2025-06-03
TIN: 150-881-046-280	Mode of Procurement: Lease of Real Property and Venue
PhilGEPS No: 201404-98437-616909272 DMO - IV - 674	

Gentlemen

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

Place of Delivery: Tandag City, SDS	Delivery Term: Within the day of the specified date of conduct
Date of Delivery: August 4 6, 2025	Payment Term: Within 30 working days after receipt of SOA and list of guest with bill of lading (if applicable)

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	2 Meals and 2 Snacks with Bill of lading DAY 1 (Lunch, Dinner, Snacks)	157.00	1,700.00	266,900.00
2	PAX	1 meal and 2 Snacks DAY 1 (Lunch, Snacks)	2.00	650.00	1,300.00
3	PAX	3 Meals and 2 Snacks with Bill of lading DAY 2 (BFast, Lunch, Dinner, Snacks)	157.00	1,950.00	306,150.00
4	PAX	2 meals and 2 Snacks DAY 3 (BFast, Lunch, Snacks)	157.00	900.00	141,300.00
5	PAX	1 meal and 2 Snacks DAY 3 (Lunch, Snacks)	50.00	650.00	32,500.00

ACCOUNTING SECTION
RECEIVED
JUN 03 2025
TIME: 1:45 PM
BY: [Signature]

COMMISSION ON AUDIT
REGIONAL OFFICE FOR XIII
OFFICE OF THE AUDITOR
RECEIVED
DATE: 6/10/2025 TIME:
BY: [Signature]

"Board and Lodging: Sulong Dunong : Basic Bookkeeping for Sustainable Livelihood Cum Effective Business Sustainability and Growth and SLP Bazaar of SLP Associations of Cluster 2, Surigao del Sur (charged to CMF-Subsidies)"

(Total Amount in Words)	SEVEN HUNDRED FOURTY-EIGHT THOUSAND ONE HUNDRED FIFTY PESOS ONLY	TOTAL	748,150.00
-------------------------	---	--------------	-------------------

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,

GLORY VIC R. RUADOL
Signature Over Printed Name of Supplier
June 18, 2025
Date

MARI-FLORA DOLAGA-LIBANG
Signature Over Printed Name of Authorized Official
Regional Director
Designation

Fund Cluster: **191**
Fund Available:
AILEEN B. MOLIA
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit

DV No.: **25-06-7475** Date:
ORS/BURS No.: **25-06-7475** Date:
Source of Funds: **191**
UACS Code: **302149 m**
Responsibility Center: **0116-01-01-02-07**
Amount: **748,150.00**

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 Officials and Employees.

Tel. No. (085) 791-1000. To check your Voucher/Payment you may text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 **

PROCUREMENT

Date: **6-19-25**Time: **7:19 PM**By: **[Signature]**

Scanned with CamScanner