

PURCHASE ORDER

Appendix 61

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

Supplier Name: MUM Tourist Inn	Purchase Order No.: 23-06-1011
Address: Bila The Bayview ADS	Date: 2023-06-16
TIN: 717-955-408-000	Mode of Procurement: Lease of Real Property and Venue
PHIGEPS No.: 178044	

600 04. 1788

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

Place of Delivery: Savuran City ADS	Delivery Term: Within the day of the specified date of conduct
Date of Delivery: June 26-27, 2023	Payment Term: Within 30 working days after receipt of SOA and list of guest with billfeting (if applicable)

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	2 Meals and 2 Snacks with Billfeting DAY 1 (Lunch, Dinner, Snacks)	68.00	1,351.00	91,868.00
2	PAX	2 meals and 2 Snacks DAY 2 (Bfast, Lunch, Snacks)	68.00	701.00	47,668.00
		2 Main Dish, 1 Side Dish, 1 Dessert, Rice and Softdrinks			

ACCOUNTING SECTION
RECEIVED
19 JUN 2023

TIME: *2:30 pm*
BY: *[Signature]*

COMMISSION ON AUDIT
CSND PO XIII
OFFICE OF THE AUDITOR
RECEIVED

DATE: *7/2/2023* TIME: *[Signature]*

"Catering Services: Lakbay-Kabuhayan: SLP Learning Visit for 2023 Funded Zero Hunger Projects (charged to CMF-Subsidies)"

(Total Amount in Words)	ONE HUNDRED THIRTY-NINE THOUSAND FIVE HUNDRED THIRTY-SIX PESOS ONLY	TOTAL	139,536.00
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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.

Conform: *[Signature]* Very truly yours,

Signature Over Printed Name of Supplier: <i>[Signature]</i> Date: <i>06-20-23</i>	For the Regional Director: TRISTAN C. TALEN, PhD, MA, REB Director III / ARDA	Signature Over Printed Name of Authorized Official: MARI-FLORA DOLLAGA-LIBANG Regional Director
Fund Cluster: <i>1A</i>	Fund Available: <i>[Signature]</i> Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit	DV No.: <i>23-06-9764</i> Date: <i>[Signature]</i> ORS/BURS No.: <i>23-06-7710</i> Date: <i>[Signature]</i> Source of Funds: <i>1A</i> UACS Code: <i>5021499</i> Responsibility Center: <i>23-06-01-0-02-01</i> Amount: <i>139,536.00</i>

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 **

PROCUREMENT

Date: *7/1/23*
Time: *6:56 pm*
By: *[Signature]*