

**PURCHASE ORDER**

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

Supplier Name: **BUTUAN GRAND PALACE HOTEL**

Address: **Capitol Drive Butuan City**

TIN: **264-682-709-000**

PhilGEPS No.: \_\_\_\_\_

Purchase Order No.: **23-09-1455**

Date: **2023-09-04**

Mode of Procurement: **NP Small Value Procurement**

Gentlemen

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

Place of Delivery: **Butuan City**

Date of Delivery: \_\_\_\_\_

Delivery Term: **As Per Book Schedule After Receipt of Approved P.O. Within 30 Working Days After the Inspection and Acceptance Report is received**

Payment Term: \_\_\_\_\_

| #  | Unit | Description         | Quantity | Unit Cost | Total Cost                                 |
|--|------|---------------------|----------|-----------|--|
| 1  | PAX  | 1 meal and 2 Snacks | 11.00    | 500.00    | 5,500.00                                   |
| <p>(Total Amount in Words) <b>"Catering Services: SECTORAL: Supplemental National Disability Prevention and Rehabilitation Week"</b></p> <p><b>FIVE THOUSAND FIVE HUNDRED PESOS ONLY</b></p> |      |                     |          |           | <p><b>TOTAL</b></p> <p><b>5,500.00</b></p> |

ACCOUNTING SECTION  
**RECEIVED**  
DATE: 9/11/23  
TIME: 10:25 AM  
BY: \_\_\_\_\_

COMMISSION ON AUDIT  
C SWD FO XIII  
OFFICE OF THE AUDITOR  
**RECEIVED**  
DATE: 9/13/2023 TIME: \_\_\_\_\_  
BY: \_\_\_\_\_

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,

Signature Over Printed Name of Supplier

Date

**MARI-FLOR A. DOLLAGA-LIBANG**

Signature Over Printed Name of Authorized Official  
Regional Director

Fund Cluster: \_\_\_\_\_

Fund Available: \_\_\_\_\_

**GRETCHEN FERNANDEZ ESCALA**

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

DV No.: 23-09-11677 Date: \_\_\_\_\_

ORS/BURS No.: 23-09-1224 Date: \_\_\_\_\_

Source of Funds: 1A

UACS Code: 029902000

Responsibility Center: 00016-01-01-01

Amount: ₱ 5,500

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 \*\*

**NOTICE OF AWARD**

No. 23-08-1871

September 1, 2023

**J.R. A. CASGAPA**

Sales and Operations Manager

**BUTUAN GRAND PALACE HOTEL**

Imadejas, Butuan City

Dear **Mr. Casgapa**:

We are pleased to notify you that your quotation submitted August 31, 2023 for the procurement of **Catering Service: SUPPLEMENTAL PROPOSAL FOR NATIONAL DISABILITY PREVENTION AND REHABILITATION WEEK** with a corresponding bid price equivalent to **Five Thousand Five Hundred Pesos Only (₱ 5,500.00)** has been determined to be the lowest responsive quotation.

We shall send the Purchase Order for the said project at the soonest possible time, unless a request for reconsideration by any of the unsuccessful bidders filed within the period prescribe under Sec.55.1 of the Implementing Rules and Regulations of the Republic Act 9184 is found meritorious.

We appreciate your interest in this opportunity and we look forward to your satisfactory performance of your obligation under the project.

Please affix your signature in the space provided below as an indication of your acceptance of the award.

Very truly yours,

  
**MARI-FLOR A. DOLLAGA-LIBANG**

Regional Director

Conformed:

\_\_\_\_\_  
(Name & Signature of Representative of Bidder)