

PURCHASE ORDER

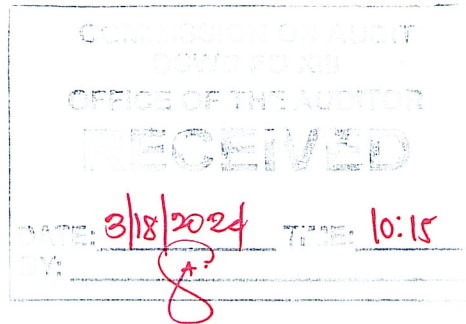
Department of Social and Welfare and Development
Field Office Region XIII CARAGA

Supplier Name: BALANGHAI HOTEL AND CONVENTION CENTER	Purchase Order No.: 24-03-0256
Address: Butuan City, Agusan del Norte	Date: 2024-03-07
TIN: 005-250-578-002	Mode of Procurement: NP Small Value Procurement
PhilGEPS No.: _____	

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: March 19-20, 2024	Payment Term: Within 30 working days after receipt of SOA and list of guests with billeting (if applicable)

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	2 meals and 2 snacks (Day 1) (Menu: AM SNACKS: Carrot Cake, Lemon Iced Juice, LUNCH: Beef Buto Soup, Grilled Chicken with Mushroom & Butter, Pork Humba, Rice, Softdrinks, Assorted Fruits, PM SNACKS: Cheeseburger, Fruit Juice , DINNER: Cream of Mushroom Soup, Beef Campto, Buttered Chicken, Rice, Drinks, Macaroni Salad).	55.00	800.00	44,000.00
2	PAX	1 meal and 2 Snacks (Day 2) (Menu: AM SNACKS: Egg & Cheese Sandwich, Fruit Juice, LUNCH: Native Chicken Soup, Pork Adobo, Breaded Fish Fillet, Rice, Softdrinks, Pastillas, PM SNACKS: Cassava Roll, Fruit Juice)	55.00	500.00	27,500.00
3	LOT	Venue Rental (x 2 Days)	1.00	7,500.00	15,000.00



"Catering Services: Division Annual Planning Workshop"

(Total Amount in Words)	EIGHTY-SIX THOUSAND FIVE HUNDRED PESOS ONLY	TOTAL	86,500.00
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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: *IRIS A. LIBARNES*
Signature Over Printed Name of Supplier
Date: 2/15/24

Very truly yours,
MARI-FLOR A. DUTAGA-LIBANG
Signature Over Printed Name of Authorized Official
Regional Director
Designation

Fund Cluster: <u>10</u>	DV No.: <u>24-03-0256</u>	Date: _____
Fund Available: _____	ORS/BURS No.: <u>24-03-0256</u>	Date: _____
GRETCHEN FERNANDEZ ESCALA	Source of Funds: <u>107</u>	
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit	UACS Code: <u>5619907000</u>	
Date: <u>3/14</u>	Responsibility Center: <u>0001-01-01-01-01</u>	
	Amount: <u>86,500</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 Official and Employees.

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