

PURCHASE ORDER

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

Supplier Name: BUTUAN GRAND PALACE HOTEL	Purchase Order No.: 24-07-1190
Address: Capitol Drive Butuan City	Date: 2024-07-25
TIN: 264-682-709-000	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, Agusan del Norte	Delivery Term: Within the day of the booked schedule after receipt of approved PO.
Date of Delivery: Aug 31 - Sept 1, Aug 15 - 16	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 2 Snacks with Billeting DAY 1 (BATCH 1)	19.00	1,700.00	32,300.00
2	PAX	2 meals and 2 Snacks without Billeting DAY 1 (BATCH 1)	11.00	1,000.00	11,000.00
3	PAX	2 meals and 2 Snacks without Billeting DAY 2 (BATCH 1)	19.00	1,000.00	19,000.00
4	PAX	1 meal and 2 Snacks DAY 2 (BATCH 1)	11.00	600.00	6,600.00
5	PAX	2 Meals and 2 Snacks with Billeting DAY 1 (BATCH 2)	19.00	1,700.00	32,300.00
6	PAX	2 meals and 2 Snacks without Billeting DAY 1 (BATCH 2)	11.00	1,000.00	11,000.00
7	PAX	2 meals and 2 Snacks without Billeting DAY 2 (BATCH 2)	19.00	1,000.00	19,000.00
8	PAX	1 meal and 2 Snacks DAY 2 (BATCH 2)	11.00	600.00	6,600.00

Menu for Meal: 2 Main Dish, 1 Side Dish, 1 Drink, 1 Rice, Fresh Fruits, 1 Dessert
Menu for Snacks: 1 Snacks of Choice, 1 Drink

ACCOUNTING SECTION
RECEIVED
DATE: 7/25/24
TIME: 3:23 PM
BY: _____

COMMISSION ON AUDIT
BOARD FOR XIII
OFFICE OF THE AUDITOR
RECEIVED
DATE: 7/29/2024
BY: _____

"Catering Services: QUALITY CONTROL AND QUALITY ASSURANCE OF DATA THRU DQA 2024"

(Total Amount in Words) **ONE HUNDRED THIRTY-SEVEN THOUSAND EIGHT HUNDRED PESOS ONLY** TOTAL **137,800.00**

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: **CHRYLA REYES**
Signature Over Printed Name of Supplier
Date: **7-29-24**

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

Fund Cluster: **02**
Fund Available: _____

DV No.: **24-07-10190** Date: **7/25/24**
ORS/BURS No.: **24-07-10243** Date: **7/24**
Source of Funds: **KC-NB**
UACS Code: **520201M**
Responsibility Center: **00016-01-0102-02**
Amount: **137,800.00**

MARY ANN M. MANLA
SAO

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 **