

PURCHASE ORDER

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

Supplier Name: BALANGHAI HOTEL AND CONVENTION CENTER CORPORATION	Purchase Order No.: 24-08-1260
Address: Butuan City, Agusan del Norte	Date: 2024-08-07
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: Nov. 15-17, 2024	Payment Term: Within 30 working days after receipt of SOA and list of guest with billeting (if applicable)

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	1 Meal with Billeting Before the day	58.00	1,200.00	69,600.00
2	PAX	3 Meals and 2 Snacks with Billeting First day	107.00	2,100.00	224,700.00
3	PAX	2 meals and 2 Snacks without Billeting First day	86.00	1,100.00	94,600.00
4	PAX	2 meals and 2 Snacks without Billeting Second day	107.00	1,100.00	117,700.00
5	PAX	1 meal and 2 Snacks without Billeting Second day	86.00	700.00	60,200.00
6	PAX	1 Meal with Billeting Second day	15.00	1,200.00	18,000.00
Menu: 2 main dish, 1 side dish, dessert/fruits, softdrinks, rice, snacks with drinks					
"Catering Services: "Panaghiusa" Crisis Intervention Section Year End Assessment"					
				TOTAL	584,800.00

COMMON OFFICE
OFFICE OF THE REGIONAL DIRECTOR
REGIONAL OFFICE
DATE: 8/30/24
BY: [Signature]

(Total Amount in Words) **FIVE HUNDRED EIGHTY-FOUR THOUSAND EIGHT HUNDRED PESOS ONLY**

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.

Very truly yours,

Conforme: [Signature]
MARI-FLOR A. DOLLAGA-LIBANG
Signature Over Printed Name of Authorized Official
Regional Director
Designation

[Signature]
TRISTAN C. ZELEN, PhD. MA, REB
Director III / ARDA

Fund Cluster: _____	DV No.: <u>24-08-11929</u> Date: _____
Fund Available: _____	ORS/BURS No: <u>24-08-12901</u> Date: <u>8/27/24</u>
<u>[Signature]</u> GRETCHEN FERNANDEZ ESCALAN Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit	Source of Funds: <u>101</u>
	UACS Code: <u>500001000</u>
	Responsibility Center: <u>0006-01-01-01-03</u>
	Amount: <u>584,800</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 **