

8/21/24, 4:55 PM

caraga-isps.dswd.gov.ph/index.php/po/print_po/24-08-1375/14256/928/24-08-1867

Appendix 61

PURCHASE ORDER

Department of Social and Welfare and Development

Field Office Region XIII CARAGA

Supplier Name: BUTUAN GRAND PALACE HOTEL	Purchase Order No.: 24-08-1375
Address: Capitol Drive Butuan City	Date: 2024-08-23
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	Delivery Term: Within the day of the specified date of conduct
Date of Delivery: Aug. 27-30, 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	3 Meals and 2 Snacks with Billeting for 4 days 4 days	2.00	2,600.00	20,800.00
2	PAX	2 meals and 2 Snacks without Billeting 4 days	8.00	1,100.00	35,200.00
<p>Menu: 2 main dish, 1 side dish, dessert/fruits, softdrinks, rice, snacks with drinks</p>					
<p>"Catering Services: ONSITE MONITORING AND TECHNICAL ASSISTANCE ON SOCIAL PENSION BENEFICIARIES READINESS ASSESMENT FOR THE USE OF DIGITAL PAYMENT"</p>					

COMMISSION ON AUDIT
DSWD FO XIII
OFFICE OF THE AUDITOR
RECEIVED

DATE: 8/27/2024 TIME: _____
BY: [Signature]

(Total Amount in Words)	FIFTY-SIX THOUSAND PESOS ONLY	TOTAL	56,000.00
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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: [Signature] **J.R. ARAIZ CASGAPA**
Sales & Operations Manager
Signature Over Printed Name of Supplier
8/27/2024
Date

Very truly yours,
For the Regional Director:
[Signature]
TRISTAN C. TELEN, Ph.D., MA, REE
Director / IARDA

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

Fund Cluster: <u>101</u>	DV No.: <u>24-08-12413</u> Date: _____
Fund Available: _____	ORS/BURS No.: <u>24-08-12162</u> Date: _____
<u>[Signature]</u> GRETCHEN FERNANDEZ ESCALA Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit	Source of Funds: <u>161</u>
	UACS Code: <u>582020100</u>
	Responsibility Center: <u>00016-01-01-01-04-02</u>
	Amount: <u>₱ 56,000</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 **