

**PURCHASE ORDER**

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

Supplier Name: <b>BUTUAN GRAND PALACE HOTEL</b>	Purchase Order No.: <b>24-09-1551</b>
Address: <b>Capitol Drive Butuan City</b>	Date: <b>2024-09-12</b>
TIN: <b>264-682-709-000</b>	Mode of Procurement: <b>NP Small Value Procurement</b>
PhilGEPS No.: _____	

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

Place of Delivery: <b>Butuan City</b>	Delivery Term: <b>Within the day of the specified date of conduct</b>
Date of Delivery: <b>Sept. 24-26, 2024</b>	Payment Term: <b>Within 30 working days after receipt of SOA and list of guest with billeting (if applicable)</b>

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	2 Meals and 1 Snack with Billeting	23.00	1,875.00	43,125.00
2	PAX	3 Meals and 2 Snacks with Billeting	23.00	2,050.00	47,150.00
3	PAX	Meal (Two)	23.00	700.00	16,100.00
4	PAX	Billeting	3.00	1,000.00	3,000.00

**Menu: 2 main dish, 1 side dish, dessert/fruits, softdrinks, rice, snacks with drinks**

COMMISSION ON AUDIT  
REGION XIII  
OFFICE OF THE AUDITOR  
**RECEIVED**  
DATE: 9/18/2024 TIME: \_\_\_\_\_  
BY: [Signature]

**"Catering Services: SECTORAL: SUPPLEMENTAL CAPACITY BUILDING ON INCLUSIVE DEVELOPMENT AND STRENGTHENING OF FOCAL PERSONS FOR PERSONS WITH DISABILITIES V. 4"**

(Total Amount in Words)	<b>ONE HUNDRED NINE THOUSAND THREE HUNDRED SEVENTY-FIVE PESOS ONLY</b>	<b>TOTAL</b>	<b>109,375.00</b>
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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: **CHRYLA A. REYES** Very truly yours, **MARI- FLOR A. DOLLAGA- LIBANG**

Signature Over Printed Name of Supplier 9/18/24 Signature Over Printed Name of Authorized Official

Date 9/18/24 Designation **Regional Director**

Fund Cluster: 601 **CRISTAN C. TELEN, PH.D., MA, DE** DV No.: 24-09-178421 Date: 9/16/24

Fund Available: \_\_\_\_\_ **Director III / ARDA** ORS/BURS No.: 24-09-17842 Date: 9/14/24

Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit **GRETCHEN FERNANDEZ ESCALERA** Source of Funds: 601

UACS Code: 5020201000

Responsibility Center: 00016-01-01-01

Amount: 109,375

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 \*\*