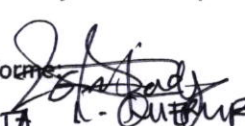
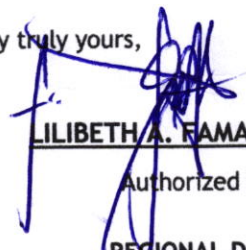
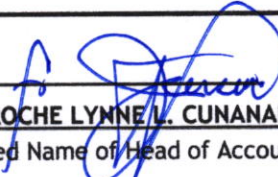


PURCHASE ORDER

DILG REGIONAL OFFICE

Supplier : AMONTAY BEACH RESORT		P.O. No. : 2019-05- 148			
Address : Butuan City		Date : 6-May-19			
TIN :		Mode of Procurement : Small Value			
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery : DILG REGIONAL OFFICE		Delivery Term : on date			
Date of Delivery :		Payment Term : 30 days			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
		DAY 1			-
		May 9, 2019			-
1	pax	AM Snacks Grilled Ham and Cheese and cheese Panini and fresh fruit juice	105	100.00	10,500.00
2	pax	Lunch Steamed White Rice, Crispy Pata, Kinilaw na Isda, Utan Bisaya, Fresh Fruits and Coke	105	350.00	36,750.00
3	pax	PM Snack Puto Maya, Hot Choco and Sweet Mango	105	100.00	10,500.00
4	pax	Dinner Rice, inigang na Hipon, Beef Tadyang, Pinakbet, Fresh Fruit Juice	105	350.00	36,750.00
		DAY 2			-
5	pax	AM Snacks Bihon Guisado w/ sliced bread and Fresh Fruit Juice	105	100.00	10,500.00
6	pax	Lunch Rice, Tinola (Native Chicken), Grilled Fish Gangis or Tuna, Chopsuey, Fresh Fruits, Coke	105	350.00	36,750.00
7	pax	PM Snack Puto Cheese and Fresh Fruit Juice	105	100.00	10,500.00
8	pax	Dinner Rice, Fish Tinola, Four seasons, Inihaw na Liempo, Softdrinks and Macaroni Salad	105	350.00	36,750.00
9	pax	Accommodation May 9, 2019	105	1,000.00	105,000.00
PURPOSE: MEALS AND ACCOMMODATION FOR THE CONDUCT OF INTEGRITY CIRCLE CUM PRE RETIREMENT SEMINAR					
					294,000.00
<p>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 on the undelivered item/s.</p>					
<p>Conformed  BONITA AMONTAY BEACH RESORT</p>			<p>Very truly yours,  LILIBETH A. FAMACION, CESO III Authorized Official REGIONAL DIRECTOR</p>		
<p>Signature over Printed Name of Supplier</p> <p>_____</p> <p>Date</p>					
<p>Fund Cluster : 01-101101</p> <p>Funds Available : _____</p> <p> ROCHE LYNNE L. CUNANAN Signature over Printed Name of Head of Accounting Division/Unit</p>			<p>ORS/BURS No. 01-101101-2018- -</p> <p>Date of the ORS/BURS: _____</p> <p>Amount : _____</p>		