

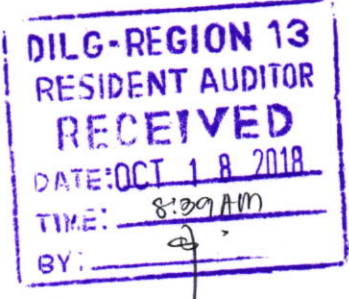
PURCHASE ORDER

DILG REGIONAL OFFICE

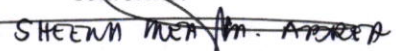
Supplier : ALMONT HOTEL AND INLAND RESORT	P.O. No. : 2018-10-349
Address : Butuan City	Date : 10-Oct-18
TIN :	Mode of Procurement : Small Value

Gentlemen:
Please furnish this Office the following articles subject to the terms and conditions contained herein:

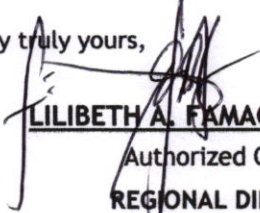
Place of Delivery : DILG REGIONAL OFFICE	Delivery Term : on date
Date of Delivery :	Payment Term : 30 days

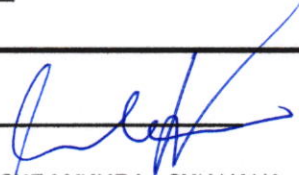
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
		DAY 0 (October 23, 2018)			-
1	pax	DINNER - Rice, Native Chicken Soup, Crispy Pata, Grilled Fish, Fruit Salad, and Softdrinks	15	325.00	4,875.00
		DAY 1 (October 24, 2018)			-
2	pax	AM SNACK - Puto Maya, and Chocolate Drink	103	100.00	10,300.00
3	pax	LUNCH - Rice, Pork Sinigang, Beef Steak, Buttered Chicken, Chopsuey, Leche Flan, and Softdrinks	103	325.00	33,475.00
4	pax	PM SNACK - Lasagna with Bread, Pineapple Juice	103	100.00	10,300.00
5	pax	DINNER - Rice, Beef Soup, Adobong Manok Fish Fillet in Escabeche Sauce, Assorted Fruits, and Softdrinks	50	325.00	16,250.00
		Accommodation:			-
6	pax	Day 0 (October 23) with complimentary breakfast	9	1,000.00	9,000.00
7	pax	Day 1 (October 24) with complimentary breakfast	12	1,000.00	12,000.00
					-
<div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 80%;"> PURPOSE: MEALS AND ACCOMMODATION FOR THE CONDUCT OF DATRC INTER-AGENCY TASK FORCE PMO NEGOTIATIONS FOR REAL PROPERTY DONATIONS WITH LGU ON OCTOBER 24, 2018 </div>					-
#NAME?					96,200.00

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 on the undelivered item/s.

Conforme:

ALMONT HOTEL AND INLAND RESORT
 Signature over Printed Name of Supplier

 Date 10/17/18

Very truly yours,

LILIBETH A. FAMACION, CESO III
 Authorized Official
REGIONAL DIRECTOR
 Designation

Fund Cluster : 01-101101
 Funds Available : _____

ROCHE LYNNE L. CUNANAN
 Signature over Printed Name of Head of Accounting Division/Unit

ORS/BURS No. 01-101101-2018- -
 Date of the ORS/BURS: _____
 Amount : _____