

PURCHASE ORDER

DILG REGIONAL OFFICE

Supplier : ALMONT HOTEL AND INLAND RESORT <i>WUP</i>		P.O. No. : 2019-02-62			
Address : Butuan City		Date : 18-Feb-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 0 (Feb 17, 2019)			-
1	pax	PM SNACK Pancit Bihon w/ Toasted Bread and Juice	35	75.00	2,625.00
2	pax	DINNER Rice, Fish Tinola, Barbecued Spare ribs, Chicken Adobo, Fruit Salad and Softdrinks	35	325.00	11,375.00
		DAY 1 (Feb 18, 2019)			-
3	pax	AM SNACK Grilled Ham and Cheese and Iced Tea	35	75.00	2,625.00
4	pax	LUNCH Rice, Shrimp Sinigang, Pork Humba, Fried Boneless Bangus, Leche Flan and Softdrinks	35	325.00	11,375.00
5	pax	PM SNACK Pancit Bihon w/ Toasted Bread	35	75.00	2,625.00
6	pax	DINNER Rice, Chicken Inasal, Pork Chop Suey and Buko Pandan and Softdrinks	35	325.00	11,375.00
		ACCOMMODATION			-
7	pax	February 17, 2019 w/ complimentary breakfast	20	800.00	16,000.00
8	pax	February 18, 2019 w/ complimentary breakfast	20	800.00	16,000.00
PURPOSE: MEALS AND ACCOMMODATION FOR THE CONDUCT OF FORMULATION OF BRGY DEVELOPMENT PLAN AND CAPACITY DEVELOPMENT AGENDA FOR THE BRGY OF 4TH TO 6TH CLASS MUNICIPALITIES.					-
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					74,000.00

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:

RON GOMEZ

Sales Account Executive

ALMONT INLAND HOTEL AND RESORT

Signature over Printed Name of Supplier

Date

Very truly yours,

LILIBETH A. FAMACION, CESO IIIAuthorized Official
REGIONAL DIRECTORFund 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 : _____