PURCHASE ORDER

DILG REGIONAL OFFICE

Supplier : **BALANGHAI HOTEL & CONVENTION CENTER**	P.O. No. : **2018-10-** 359
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 18, 2018)			-
1		DINNER - Steamed Rice, Chicken Asparagus Soup, Enseladang Puso ng Saging, Fried Fish with Sweet and Sour Sauce, Beef and	48	320.00	15,360.00
		DAY 1 (October 19, 2018)			-
2		AM SNACK - Special Chicken Empanada, and Calamansi Juice	74	100.00	7,400.00
3		LUNCH - Steamed Rice, Sotanghon Soup, Fruited Chicken Pasta Salad, Roasted Chicken with Gravy, Bistek Tagalog, Apple Cinnamon Cake, and Softdrinks	74	320.00	23,680.00
4		PM SNACK - Chicken Pasta, and Lemon Juice	74	100.00	7,400.00
5		DINNER - Rice, Fish Tinola, Camaron Rebosado, Adobong Kangkong, Inihaw na Liempo, Leche Flan, and Softdrinks	74	320.00	23,680.00
		Accommodation:			-
6		Day 0 (October 18) with complimentary breakfast	48	850.00	40,800.00
7		Day 1 (October 19) with complimentary breakfast	48	850.00	40,800.00
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		One Hundred Fifty Nine Thousand One Hundred Twenty Pesos Only			**159,120.00**

PURPOSE: MEALS AND ACCOMMODATION FOR THE CONDUCT OF THE REGIONAL ORIENTATION ON THE GUIDELINES ON ENGAGEMENTS WITH CIVIL SOCIETY ORGANIZATIONS ON OCTOBER 18, 2018

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:

BALANGHAI HOTEL & CONVENTION CENTER
Signature over Printed Name of Supplier

Date

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 : _____