

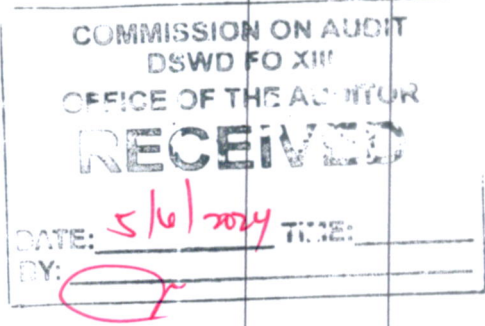
**PURCHASE ORDER**

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

Supplier Name: <b>ALMONT HOTEL AND INLAND RESORT</b>	Purchase Order No.: <b>24-04-0560</b>
Address: <b>JC Aquino Butuan City</b>	Date: <b>2024-04-22</b>
TIN: <b>000-737-636-001</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, Agusan del Norte</b>	Delivery Term: <b>Within the day of the booked schedule after receipt of approved PO.</b>
Date of Delivery: <b>May 13 - 17, 2024</b>	Payment Term: <b>Within 30 Working Days After Receipt of Billing Statement and Other Pertaining Documents.</b>


#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PAX	3 Meals and 2 Snacks with Billeting for 5 Days (National pax, other regions, CVs)	73.00	2,600.00	949,000.00
2	PAX	3 Meals and 2 Snacks without Billeting (RPMO pax)	2.00	1,100.00	11,000.00
3	PAX	1 Meal (breakfast of national pax, from other regions, CVs)	60.00	400.00	24,000.00
<p>Menu: 2 Main Dish, 2 Side Dish, Drinks, Dessert, Rice, Fruits Snacks: 1 Snack of Choice, Drinks</p>					
					
<p>"Catering Services: A Community Development Training for TA Providers / Practitioners (A Training Program on Facilitating CDD Initiatives in LGUs)"</p>					

(Total Amount in Words)	<b>NINE HUNDRED EIGHTY-FOUR THOUSAND PESOS ONLY</b>	<b>TOTAL</b>	<b>984,000.00</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: Very truly yours,

 Signature Over Printed Name of Supplier Date: <u>5-3-24</u>	 <b>MARI-FLOR A. DOLLAGA-LIBANG</b> Signature Over Printed Name of Authorized Official Regional Director Designation
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Fund Cluster: _____	DV No.: <u>24-04-5232</u> Date: _____
Fund Available: _____	ORS/BURS No.: <u>24-04-5232</u> Date: _____
 <b>GRETCHEN FERNANDEZ ESCALA</b> Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit	Source of Funds: <u>101</u> UACS Code: <u>920201000</u> Responsibility Center: <u>00016-01-01-02-02</u> Amount: <u>984,000</u>

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 may text in the following PO [SPACE] PURCHASE ORDER NUMBER and send to 09560847559 \*\*