PR No.: F 2301-0084 End-User: TARA

DEPARTMENT OF SOCIAL WE	ARE AND DEVELOP	MENT FIELD OFFICE V
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Regional Center Site, Rawis, Legazpi City, Albay

PURCHASE ORDER Poplier: NAGA PILGRIMS HOTEL		PO. No.:	F 2303-0076		
dress:	THE PROPERTY OF THE PROPERTY O		Date:		ch 31, 2023
ontact No. 09286643786 Please furnish this Office the following articles subject to the terms and conditions contained herein:		Mode of Procurement:	LEASE OF REAL PROPERTY AND VENUE Charge		
		Payment Term: Delivery Term:			
ace of Deli	ce of Delivery: As specified in the contract		For Delivery Sched	ule and Queries	00000004404
ate of elivery:	As specified in the contract		Please Contact C.M.U:		09636984404
tem No.	Unit		Quantity	Unit Cost	Amount
		PROVISION OF FOOD, VENUE, AND ACCOMMODATION DURING THE WRITESHOP ON THE PREPARATION OF SPDR FOR LSWDO'S AND MPDO'S OF CAMARINES SUR IN NAGA CITY	A.		
		April 10, 2023			-
	pax	Accommodation, Dinner	3	950.00	2,850.00
					-
		. April 11, 2023			-
	pax	Breakfast	3	150.00	450.00
	pax	AM Snack, Lunch, PM Snack, Rental of Venue, Dinner and Accommodation	25	1,500.00	37,500.00
		April 12, 2023			-
	pax	Breakfast, AM Snack, Lunch, PM Snack, Rental of Venue, Dinner and Accommodation	25	1,650.00	41,250.00
					•
		April 13, 2023	05	700.00	17,500.00
	pax	Breakfast, AM Snack. Lunch, PM Snack and Rental of Venue	25	700.00	17,500.00
			2		-
		Number of the Contract of the	A C MAN. CONTRACTOR SALES SALES SALES	ARTER AND ARTER STATE OF THE PARTY AND ARTER A	waterwalcom T
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		BY:	41.	IME: 1:17	
		District Control of the Control of t	The former of the second	A 1 V 1 los s	MERCHANIA MANAGEMENT
					-
					-
Total /	mount	NOTE: This includes all items you conformed indicated in the RFQ.			-
	Fotal Amount in Words: Ninety Nine Thousand Five Hundred Fifty Pesos and No Centavos			99,550.0	
IQUIDATE damages r available u	D DAMAG	GES: One-Tenth Of One Percent (0.001) of the cost of the unperformed portion of the contract for percent (10%) of the amount of the contract, the DSWD FOV may rescind or terminate the contract.			

NAGA PILGRIMS HOTEL Signature over Printed Name of Supplier	Regional Director			
Date:4/9423				
AMIABELLE N. QUINTANO, CPA Accountant III	ORS No.: Amount:			
	Signature over Printed Name of Supplier Date: 4 9 23 AMIABELLE N. QUINTANO, CPA			