PR No.: F2402-0 End-User: SFP		DRN:	V-FO-COMBS-SF	P-SS-PROP-24-01-04425-C
End-User: 3FP	DEPARTMENT OF SOCIAL WELFARE AND DEVELOPM Regional Center Site, Rawis, Legazpi City, Alb		CE V	
Connice	PURCHASE ORDER	DO N	ra	102 0070
Supplier:	VILLA ISABÈL HOTEL CORP.	PO. No.:	F 2403-0078	
Address:	FLORES ST, BURABÒD, SORSOGON CITY	Date: Mode of		ch 19, 2024 OCUREMENT - LEASE OF
Contact No.	09394922149	Procurement:		PERTY AND VENUE
Gentlemen:	Please furnish this Office the following articles subject to the terms and condition contained herein:	Payment Term: Delivery Term:		Charge \ Days
Place of Delivery:	As indicated below	For Delivery Sche	dule and Oueries	09636984404
Date of Delivery:		Please Contact C.		09923015628 09552161070
Item No. Unit	Light of	Quantity	Unit Cost	Amount
×	PROVISION OF FOOD AND VENUE FOR THE PROGRAM ASSESSME AND EVALUATION OF SFP FOR CY 2023-2024 IN SORSOGON	NT		
				-
	October 15, 2024			
pax		37	700.00	25,900.00 -
				-
	COA- DOWN	3 FOV		-
				-
	The state of the s	Edward R	A. C.	-
	APR 29 2	1024 2 3 1 1 1		-
-				-
		Lil hard hard		-
	as of facilities and the second secon	10:24		
				-
				•
				-
				-
				-
				-
				-
	Top is			-
				-
				-
				-
Total Amount in Words:		Twenty Five Thousand Nine Hundred Pesos and No Centavos 25,900.00		
Note: In case of fortu Note: Guaranteed or LIQUIDATED DAMA damages reaches te	All Amenities, you conformed in the Standard Requirements for Venue attached in the RFQ. uitous events or other circumstances that the number of participants is reduced, adjustment shall be not in the 1st day of activity or per advance notice of End User, While actual on the succeeding day GES: One-Tenth Of One Percent (0.001) of the cost of the unperformed portion of the contract percent (10%) of the amount of the contract, the DSWD FOV may rescind or terminate the	/S. ct for every day of dela	ay. Once the cumul	ative amount of liquidated
available under the	circumstances.			7
Conforme:		N. C	D 2 4 4 1 6	1411010
	NORMAN S. I			
	VILLA ISABEL HOTEL CORP. Signature over Printed Name of Supplier	_ /	Regional Dir	ector /)
	Date: 4-24-24			
Funds Available:		0001	11 02	6) 2)2
	AMIABELLE N. QUINTANO, CPA	ORS No.:	<u>14-03-</u> 25,90	02720
	Accountant III	Amount:	15,90	90.00