DRN:

V-FO-4PS-AS-SS-PROP-25-02-10202-H

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT FIELD OFFICE V

Regional Center Site, Rawis, Legazpi City, Albay

	PURCHASE ORDER SARUNG BANGUI BEACH RESORT	PO. No.:	F 202	25-0206
pplier:				23, 2025
ddress:	San Vicente St. Sto Domingo Albay	Date: Mode of		
ontact No.		Procurement:	2000	perty and Venue (53.10)
entlemen:	Please furnish this Office the following articles subject to the terms and conditions	Payment Term:	30-60 Calendar Days from Receipt of SOA/Billing As specified below	
	contained herein:	Delivery Term:		ecified below
ace of Delivery:	Albay	For Delivery Sched Please Contact C.N	500.5	0963-698-4404
ate of Delivery:	As specified in the contract.	Quantity	Unit Cost	Amount
Item No. Unit	PROVISION OF FOOD, VENUE AND ACCOMMODATION FOR THE CONSULTATIVE MEETING CUM LEARNING SESSIONS WITH INDIGENOUS PEOPLE(IP) LEADERS IN ALBAY - BATCH 2	=		_
	Offichar 45, 2025			-
	October 15, 2025	30	1,550.00	46,500.00
pax	AM Snack, Lunch, PM Snack, Use of Hall, Dinner and Accommodation	- 305	1,000.00	- 10,000,000
	October 16, 2025		-	-
		-	-	
pax	Breakfast, AM Snack, Lunch, PM Snack, Use of Hall, Dinner and Accommodation	30	1,650.00	49,500.00
	17 000			
	October 17, 2025	30	850.00	25,500.00
pax	Breakfast AM Snack, Lunch, PM Snack and Use of Hall	30	-	20,000.00
	In a RESORT in LEGAZPI CITY			
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		1115	1 1	-
	Note: With attached Standard Requirements	JUIN , B	2025 🖳	-
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	This encompasses all-requirements conformed in the Request for Qoutation (RFQ) and Checklist End-User Requirements for Ver and Accommodation for DSWD Activities. In the event of fortuitous events or other circumstances leading to a reduced number participants, adjustments will be made either prior to the activity or in the subsequent days, in coordination with the End-User.	Oi .	,	-
	One Hundred Twenty One Thousand Five Hundred Pesos and No	Centavos	GRAND TOTAL	121,500.00

SARUNG BANGUI BEACH RESORT

Signature over Printed Name of Supplier

Date: Regional Director Date:

Funds Available:

WENDY G. RANCES

Accountant III

ORS No.:

Amount: