



PURCHASE ORDER

Supplier ALMONT BEACH RESORT P. O. No. IGF-2022-11-548
 Address Sungao City Date December 06 2022
 TIN _____ Mode of Procurement NP-SVP
 Gentlemen _____

ing articles subject to the terms and conditions contained herein

Place of Delivery ALMONT BEACH RESORT Delivery Term _____ F. O. B. Destination _____
 Date of Delivery January 05-06 2023 Payment Term _____ within 60 days upon _____

Stock No	Unit	Description	Quantity	Unit Cost	Total Cost
		BALANCE FORWARDED			74,250.00
		Coffee			
	pax	Snack	55	150.00	8,250.00
		AM			
		Ube Ensaymada			
		Orange Juice			
	pax	Meal (Lunch)	55	400.00	22,000.00
		Chicken Ginger Soup			
		Beans and Bacon Salad			
		Southern Style Fried Chicken			
		Beef with Cauliflower			
		Steamed Rice			
		Carrot Cake			
		Softdrinks			
	pax	Snack	55	150.00	8,250.00
		PM			
		Tuna Sandwich with Chips			
		Iced Tea			
	pax	Accommodation	55	650.00	35,750.00
		Inclusion			
		Air-conditioned Function Hall with Sound System that can accommodate			
		Flowing Coffee			
		*****NOTHING FOLLOWS*****			
		Page 2 of 2			
		ONE HUNDRED FORTY-EIGHT THOUSAND AND FIVE HUNDRED PESOS ONLY		TOTAL	148,500.00

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 ARLENE D. GALES, CPA Very truly yours, MARILYN B. CASTILLO, Ed.D.
 3rd Account Associate
ALMONT BEACH RESORT
 (Signature Over Printed Name of Supplier) _____
1/07/2023
 (Date) _____
 Chancellor

As provided for in Sec. 82-1 of the R.R.A. or RA 1184, We conform to the three (3) months warranty in case of supplies and one (1) year warranty in the case of equipment from the date the goods are completely delivered.

Signature Over Printed Name of Supplier/Duly Authorized Representative: _____

Fund Cluster:	<u>ARLENE D. GALES, CPA</u> Signature over Printed Name of Chief Accountant/ Head of Accounting Division/Unit	ORS/BURS No. _____
Funds Available:		Date of the ORS/BURS _____ Amount <u>148,500.00</u>





CARAGA STATE UNIVERSITY
CARAGA DIVISION OFFICE
 Cebu City, Philippines



PURCHASE ORDER

Supplier ALMONT BEACH RESORT P. O. No. IGF-2022-11-548
 Address Surgao City Date December 06 2022
 TIN _____ Mode of Procurement NP-SVP

Gentlemen,
 The following articles subject to the terms and conditions contained herein:

Place of Delivery ALMONT BEACH RESORT Delivery Term _____ F. O. B. Destination _____
 Date of Delivery January 05-06, 2023 Payment Term _____ within 60 days upon

Stock No.	Unit	Description	Quantity	Unit Cost	Total Cost
		Procurement of Catering Services with lease of venue and accommodation on January 5-6, 2023			
		Day 1:			
	pax	Snack (AM) Chicken and Egg Salad Sandwich Pineapple Juice	55	150.00	8,250.00
	pax	Meal (Lunch) Fish Tinola Crispy Pork & Tuyo Salad Fish Kinilaw Inahaw na Liempo Fragrant Pandan Rice Assorted Fruit Slice Softdrinks	55	400.00	22,000.00
	pax	PM Snack Spaghetti with Toasted Bread Iced Tea	55	150.00	8,250.00
	pax	Dinner Cream of Mushroom Soup Macaroni Pineapple Salad Pork Tonkatsu with Teriyaki Sauce Chopseuy Steamed Rice Creamy Fruit Salad Softdrinks	55	400.00	22,000.00
	pax	Day 2 Breakfast Cheesy Scrambled Egg Pickled Vegetable Bangus Ala Pobre Steamed Rice Banana Fruit	55	250.00	13,750.00
*****NOTHING FOLLOWS*****					

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SEVENTY-FOUR THOUSAND TWO-HUNDRED FIFTY PESOS ONLY

SUBTOTAL 74,250.00

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: MA. BRUNBEATRIZ E. LERIO
 Sales Account Associate
ALMONT BEACH RESORT
 Signature Over Printed Name of Supplier
11/07/2022
 (Date)

Very truly yours,
MARILYN B. CASTILLO, Ed.D.
 Chancellor

As provided for in Sec. 52.1 of the IRR-A of RA 9184, We conform to the three (3) months warranty in case of supplies and one (1) year warranty in the case of equipment from the date the goods are completely delivered.

 (Signature Over Printed Name of Supplier/ Duty Authorized Representative)

Fund Cluster:	<u>ARLENE D. GALES, CPA</u> Signature over Printed Name of Chief Accountant Head of Accounting Division/Unit	ORS/BURS No. _____
Funds Available:		Date of the ORS/BURS _____ Amount <u>74,250.00</u>

