



Republic of the Philippines
Department of Education
 REGION XI
 SCHOOLS DIVISION OF DAVAO ORIENTAL

PURCHASE ORDER

Company Name: **OK RESORT HOTEL**
 Address: **PULANG PUNTOD, BADAS, MATI CITY**
 TIN:

P.O. No.: **2025-01-0001-1**
 Date: **January 6, 2025**
 Mode of Procurement: **Small Value Procurement**

Gentlemen:
 Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery: _____ Delivery Term: _____
 Date of Delivery: _____ Payment Term: _____

Stock/ Property No.	Unit	Description	Qty	Unit Cost	Amount
	PAX	MEALS DAY 1 DINNER (SET A) Set A • Pasayan (Adobo/Fried/Garlic) • Buttered Chicken • Pancit Canton • Softdrinks assrtd. • Buko Pandan	40	400.00	16,000.00
	PAX	DAY 2 BREAKFAST (SET A) ADOBONG KANGKONG, DAING NA BANGUS, SCRAMBLED EGG, PLAIN RICE, COFFEE	40	200.00	8,000.00
	PAX	SNACK AM (SET D) SPAGHETTI WITH TOAST BREAD	40	100.00	4,000.00
	PAX	LUNCH Set B • Bakareta • Fish Fillet • Chopsuey - chicken • Softdrinks assrtd. • Sliced Fruits	40	400.00	16,000.00

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 on the undelivered item/s.

Conforme: 

 Signature over Printed Name of Supplier

 Date

Very truly yours, 

DR. JOSEPHINE L. FADUL
 Signature over Printed Name of Authorized Official
 Schools Division Superintendent

 Designation

c/o **DR. NANCY P. SUMAGAYSAY**

Fund Cluster: _____
 Fund Available: _____

DENNIS Y. BELARMINO, CPA
 Signature over Printed Name of Chief
 Accountant/Head of Accounting Division/Unit

ORS/BURS No: 25-01-0000
 Date of the ORS/BURS: _____
 Amount: _____

Stock/ Property No.	Unit	Description	Qty	Unit Cost	Amount
	PAX	SNACK PM (SET B) KAKANIN HOT CHOCO/COFFEE OR JUICE	40	100.00	4,000.00
					48,000.00

Purpose: **SPECIAL COORDINATION MEETING**

Activity Date:

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 on the undelivered item/s.

Conforme:

Billy Joel R. Lebrun
 Signature over Printed Name of Supplier

Date

Very truly yours,

[Signature]
DR. JOSEPHINE L. FADUL

Signature over Printed Name of Authorized Official
 Schools Division Superintendent

Designation

c/o **DR. NANCY P. SUMAGAYSAY**

Fund Cluster:

Fund Available:

[Signature]
DENNIS Y. BELARMINO, CPA

Signature over Printed Name of Chief
 Accountant/Head of Accounting Division/Unit

ORS/BURS No: **25-01-00006**

Date of the ORS/BURS:

Amount: