

PURCHASE ORDER
Province of Davao de Oro
Agency/Procuring Entity

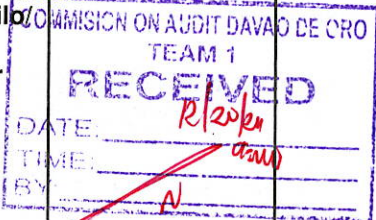
DEC 10 2024

Supplier: HEROBEN HOMETEL	PO Number: 24122099
Address: PRK.VISAYAS,OSMEÑA EXTENSION,BRGY.MAGUGPO WES	Date: 12/06/24
E-mail Address:	Mode of Procurement SVP
Tel. No.:	PR Number: 24-4469
TIN: 272-960-014-000	

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

Place of Delivery: Tagum City	Delivery Term:
Date of Delivery: As per activity	Payment Term:

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
1	35291N	head/s	25.00	Meal and Snacks with Venue & Accommodation A-1 (3 meals, 3 snacks, venue and 1 night accommodation) Specifications: DAY 1 SNACKS AM (kakanin 3 kinds or any other snacks available in the menu of the caterer/supplier + juice/softdrinks) LUNCH (1 meat + 1 seafood/ fish + 1 vegetable /soup or any other viand available in the menu of the caterer/supplier + fruits/ desserts + softdrinks / juice) SNACKS PM (Sliced Cake/Sandwich or any other snacks available in the menu of the caterer/supplier + juice/softdrinks) DINNER (1 meat + 1 seafood/ fish + 1 vegetable /soup or any other viand available in the menu of the caterer/supplier + fruits/ desserts + softdrinks / juice) DAY 2 BREAKFAST (Typical Filipino breakfast or any breakfast meal available in the menu of the caterer/ supplier + fruits with coffee/milk) SNACKS AM (kakanin 3 kinds or any other snacks available in the menu of the caterer/supplier + juice/softdrinks) Other Conditions: Flowing coffee with sugar and	2,680.00	67,000.00



Total Amount in Words:

In case of failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Conform	JOSEPH C. BERIT Officer in Charge Signature over printed name of Date 12-10-24	Very truly	DOROTHY M. GONZAGA Governor Authorized Official
---------	--	------------	--

GENERAL
OBR No.: 1640-12-26-105
Responsibility Center:
Amount: 67,000.00

(In case of Negotiated Purchase pursuant to section 369(a) of RA 7180, this portion must be
Approved per Sanggunian Resolution _____
Certified _____ Date _____

DEC 10 2024

PURCHASE ORDER

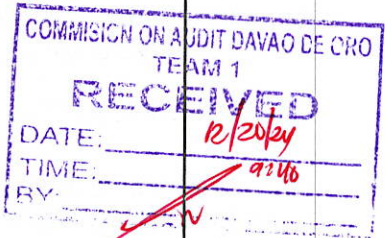
Province of Davao de Oro
Agency/Procuring Entity

Supplier: HEROBEN HOMETEL	PO Number: 24122099
Address: PRK.VISAYAS,OSMEÑA EXTENSION,BRGY.MAGUGPO WES	Date: 12/06/24
E-mail Address:	Mode of Procurement SVP
Tel. No.:	PR Number: 24-4469
TIN: 272-960-014-000	

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

Place of Delivery: Tagum City	Delivery Term:
Date of Delivery: As per activity	Payment Term:

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
				<p>creamer should be made available during the entire event ; Drinking water station should be made available during the entire event; Working sound system; Accommodation for 1 night:Shared Rooms (3pax/ room); Airconditioned Venue Can accommodate at least 30 pax</p> <p>Terms and Conditions: - Observance of Single -use plastics products regulation ordinance of davao de oro</p> <p>Progressive Billing</p> <p>FOR THE USE OF INFECTIOUS DISEASE PROGRAM-4TH QTR</p> <p>THE AWARD IS BASED ON ABSTRACT NO. 2411640 UNDER REQUEST FOR QUOTATION NO.11-24-3475 OPENED ON December 03, 2024</p>		



Total Amount in Words: Sixty Seven Thousand Pesos Only	67,000.00
---	-----------

In case of failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Conform	<p>JOSEPH C. DERIT Officer in Charge Signature over printed name of 12-10-24 Date</p>	Very truly	<p>DOROTHY M. GONZAGA Governor Authorized Official</p>	<p>By Authority of the Governor MADYLLA M. GONZAGA Executive Assistant</p>
---------	--	------------	---	---

GENERAL
OBR No. 1640-12-24-705
Responsibility Center:
Amount: 67,000.00

(In case of Negotiated Purchase pursuant to section 369(a) of RA 7180, this portion must be
Approved per Sanggunian Resolution _____
Certified _____ Date _____