Republic of the Philippines
Department of Agriculture
AGRICULTURAL TRAINING INSTITUTE
Regional Training Center XIII
Los Angeles, Butuan City 8600
Mobile No. Globe 09453296484 / Smart 09293546355

PURCHASE ORDER

Supplier :	Fran.co Restobar	P.O. No. :	24-08-463
Address :	M. Caga Bldg., J. Rosales Avenue, Butuan City	Date :	8/22/2024
TIN :		Mode of Procurement :	Small Value

Gentlemen:

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

Place of Delivery :	ATI-RTC 13, Los Angeles, Butuan City	Delivery Term :	N/A
Date of Delivery :	September 18-20, 2024	Payment Term :	30 days upon complete delivery

No.	Unit	Description	Quantity	Unit Cost	Amount
1		Catering Services for Training on Cacao Nursery Establishment & Management			
		Date: September 18-20, 2024 Venue: ATI-RTC 13, Los Angeles, Butuan City Note: 1. Available Mineral Water for the whole duration of the Training 2. Available Coffee (Brewed), Creamer, Sugar, Milk, Milo, & Tea/Turmeric Salabat/Chocolate Drink 3. Available Condiments like Soy Sauce, Vinegar, Ketchup, Calamansi, Patis, Chili 4. Bread every morning, finger foods, candies and fruits during lectures			
		Menu: (Please see attached Menu)			
	pax	Day 1	35	2,340.00	81,900.00
	pax	Day 2	35		
	pax	Day 3	35		
		xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx			
Total Amount in Words:		Eighty One Thousand Nine Hundred Pesos Only			**81,900.00**

COMMISSION ON AUDIT
DA-RFU NO. XIII
RECEIVED
DATE 09/02/2024 TIME
BY: Ao4
OFFICE OF THE AUDITOR, BUT. CITY

TO BE REVIEWED DURING POST-AUDIT

2024-471

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:

Darrel Tagos
Signature over Printed Name of Supplier
8-31-24
Date

Very truly yours,

JESSIE V. BELDIA, PhD
Signature over Printed Name of Authorized
OIC - Center Director
Designation

Fund Cluster : _____
Funds Available : _____

JACQUILYN L. AVILA, CPA
Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit

ORS/BURS No. : _____
Date of the ORS/BURS: _____
Amount : _____