PROVINCE OF ISABELA

PURCHASE ORDER

Supplier **MAXIMILIAN HOTELS AND RESORT INC.**

Address **Cauayan City, Isabela**

P.O. No.: 2025-03-00480

Date: 3-11-25

Gentlemen:

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

Place of Delive _____ Delivery Term: _____

Date of Delivery: _____ Payment Term: _____

Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	198	pax	Full Board and Lodging for 3 days (twin sharing with food and accommodation)	2,200.00	435,600.00
			xxxxxx nothing followsxxxxx		
			Funding Source: DOH TOP FOR LHSDA UHC 2024		

PROVINCIAL GENERAL SERVICES OFFICE
RECEIVED & RECORDED
BY: [signature]
DATE: 3-11-25

Four Hundred Thirty Five Thousand Six Hundred **P 435,600.00**

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.

Very truly yours,

HON. RODOLFO T. ALBANO III
Governor

Conforme: KATHLEEN [illegible]

MAXIMILIAN HOTELS AND RESORT INC.
(Signature over printed name)

3/11/25
(Date)