



PROVINCE OF ISABELA
PURCHASE ORDER

Supplier **MAXIMILIAN HOTELS AND RESORT INC.**

P.O. No.: **2025-03-00486**

Address **Cauayan City, Isabela**

Date: **3-11-25**

Gentlemen:

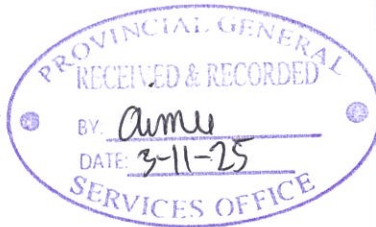
Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delive _____

Delivery Term: _____

Date of Delivery: _____

Payment Term: _____

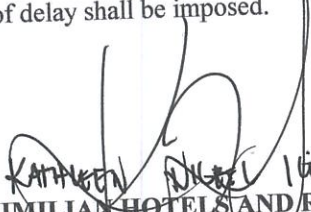
Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	198	pax	Full Board and Lodging for 3 days (twin sharing with food and accommodation)	2,200.00	435,600.00
xxxxxx nothing followsxxxxxx					
Funding Source: DOH TOP FOR LHSDA UHC 2024					
					

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.

Conforme:


MAXIMILIAN HOTELS AND RESORT INC.

(Signature over printed name)

3/11/25

(Date)

Very truly yours,


HON. RODOLFO T. ALBANO III

Governor