

**PURCHASE ORDER**Supplier **PIAZZA ZICARELLI HOTEL, RESTAURANT &**P.O. No.: 2025-05-0086(1)Address **UPI, GAMU, Isabela**Date: 5-8-25

Gentlemen:

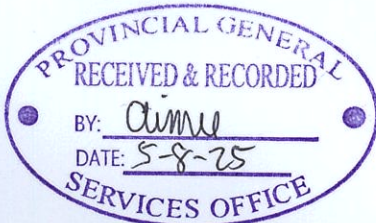
Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Deliver _____

Delivery Term: _____

Date of Delivery: _____

Payment Term: _____

Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	pax	30	Board & Lodging (1 day)	2,200.00	66,000.00
2	pax	30	Meals and Snacks (1 day)	650.00	19,500.00
Funding Source: IPHO-FHS MOOE FAMILY HEALTH CLUSTER FUND					
					

Eighty Five Thousand Five Hundred**P 85,500.00**

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,

Conforme:


PIAZZA ZICARELLI HOTEL, RESTAURANT & BAKESHOP

(Signature over printed name)

5-8-25

(Date)


HON. RODOLFO T. ALBANO III

Governor