

PURCHASE REQUEST

Fund Cluster: _____

Entity Name: DSWD FO VI

Office/Section: RICTMS

PR No.: 2159 2020 - 11 - 2159

Date: Nov. 11, 2020

Responsibility Center Code: _____

Stock/ Property No.	Unit	Item Description	Quantity	Unit Cost	Total Cost
	PAX	ICTMS meetings w/ the following schedules: December 10, 2020	30	500.00	15,000.00
	PAX	December 11, 2020	30	500.00	15,000.00
		*1 buffet lunch with 2 snacks (AM/PM) Snacks with free flowing coffee, tea, chocolate drink, cold and hot drinking water * dining hall and air conditioned function room: Well ventilated air-conditioned function room to accommodate participants twice the number of the total target participants following amenities: * LCD widescreen with projector *PA system with atleast 2 microphones, audio jack and extension cords *movable tables & chairs and 1 secretariat table Of flip board/white board with board pen Accomodation: *Airconditioned bedrooms with: *triple/quadruple room sharing with hot and cold shower and complete toiletries Others: *high speed internet ready WIFI access in the function room & bedroom -welcome tarpaulin or backdrop *conducive working space. Health and Safety Requirements: The following are the health safety protocols to be implemented throughout the duration of the activity; Temperature Scanner upon entry; Proper Handwashing facility/ Alcohol dispersal upon entry to venue premises; Foot bath; Table and Chairs will be arranged to religiously observe physical distance. Note: No usage of plastic and disposable serving items e.g. coffee stirrer, coffee cups, Styrofoam box, spoon and fork, etc.; Internet bandwidth: >= 10 Mbps (download/upload) w/ dedicated internet connectivity (leased line); with backup and redundancy *** NOTHING FOLLOWS ***			
				TOTAL	30,000.00

FINANCE MANAGEMENT DIVISION
FUNDS AVAILABLE
BUDGET SECTION: _____
DATE: 11/11/2020
REF: 200001000010711 (RICTMS) 02-2020

50299030-1 VI-9 dtd 2-20-2020

DSWD FIELD OFFICE
2020-11-09/09

Purpose: **To conduct RICTMS meetings, chargeable against ICTMS Fund.**

Requested by:

Approved by:

Signature: _____

Printed Name: **RYAN A. DE LA GENTE**

Designation: **CAO/OIC Chief - PPD**

MA. EVELYN B. MACAPOBRE, CESO III
Regional Director