

PURCHASE REQUEST

Entity Name: DSWD FO VI

Fund Cluster: _____

Office/Section: <u>Budget</u>	PR No.: <u>2020-11-2161</u>	Date: <u>November 12, 2020</u>
Responsibility Center Code: _____		

Stock/ Property No.	Unit	Item Description	Quantity	Unit Cost	Total Cost
	Pax	Board and Lodging for 2 days with the following inclusions: 3 Buffet Meals with 2 Snacks daily Free flowing coffee, tea, chocolate drink, and hot and cold drinking water. Accommodation: *Air-conditioned bedrooms with: Triple room sharing 1 person 1 bed policy; strictly no sharing of bed; with complete toiletries Function Room: *One plenary well-ventilated air-condition function room to accommodate participants twice the number of the total target participants including training team *Internet connectivity *Welcome streamer and backdrop *1 LCD projector with wide screen *PA system with 2 wireless microphones *Audio jack & extension cords *Movable tables and chairs (arrangement should observe physical distancing) *Flip board and white board available open Minimum health and safety standards: *Temperature Scanner upon entry; Hand washing facility; Alcohol disinfectant; Foot bath; Basic first aid and medicine kit for diarrhea, allergy, hypertension, headache, cold and hyperacidity; PWD compliant facilities, 24 Hour security Note: No usage of plastic and disposable serving items e.g. coffee stirrer, coffee cups, Styrofoam box, spoon and fork, etc. *****Nothing Follows*****	25	1,500.00	75,000.00

FINANCE MANAGEMENT DIVISION

FUNDS AVAILABLE

BUDGET SECTION: _____

DATE: 11/12/2020

ACC: 32010 01000 1000 SPP DR CU

RA 11463 GAA of 2020

50202010 → 37,500.00

310100300001000 (CU X000 P)

or 2010-11-21 (GAP) dtl 3/6/20

50202010, Comp.1 = 37,500

DSWD FIELD OFFICE VI

BIDS AWARDS COMMITTEE

2020-11-0974

BALANCE _____

DATE PAID _____

REVD BY: _____

ADAM S. GREGIA

Total 75,000.00

Purpose: For the conduct of Financial Management and Accountability Reporting Workshop with Designated Finance Focal on December 4-5, 2020 at Iloilo Province.

<p>Requested by:</p> <p>Signature: _____</p> <p>Printed Name: CLARENCE DARRYL V. ALFUENTE</p> <p>Designation: AO</p>	<p>Approved by:</p> <p>Signature: _____</p> <p>MA. EVELYN B. MACAPOBRE, CESO III</p> <p>Regional Director</p>
---	--