

PURCHASE ORDER



Department of Social Welfare and Development
Field Office VII, Cebu City

Supplier: METRO RETAIL STORES GROUP INC.	PO No. DSWD7-2020-AMP-560
Address: COLON STREET CEBU CITY	Date: 9/15/2020
Contact No.: 416-8796/09190670998	Mode of Procurement: NP-Emergency Cases
Contact Person: CHARITA NACUA	TIN: 226-527-915-000

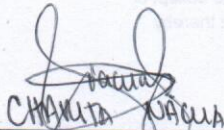
Gentlemen:

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

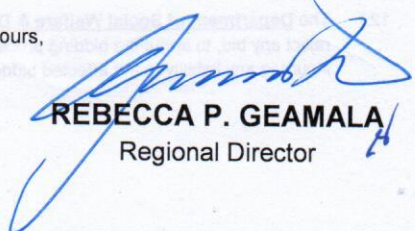
Place of Delivery:	Labangon Warehouse: Camomot Franza St., AVRC Compound Brgy. Labangon, Cebu City	Delivery Term:	within 7 days upon receipt of approved PO		
Date of Delivery:		Payment Term:	within 30 calendar days after receipt of Billing Statement		
Stock No.	Unit	Description	Quantity	Unit Cost	Amount
	sachet	Supply and delivery of: COFFEE, 3 in 1 MIX (Coffee, Sugar & Creamer) "NESCAFE BLEND AND BREW ORIGINAL" Specifications: § Unit of Measure: Sachet § Netweight: 20 grams ▪ Certification: HALAL Product printed in the product label § Label Information: With nutritional information in the label based on the nutritional daily allowance intake based on DOH AO No. 2014-0030 otherwise known as the " Rules and Regulations Governing the Labelling of Prepacked Food Products Distributed in the Philippines" § Expiration: Should indicate expiry date not less one (1) year from the date of delivery § Special Treatment: Following the indicated lead time in the terms of reference § Brand must be existing in the Philippine market for at least 5 years, Spoiled/damaged goods within 6 days after delivery shall be replaced. PURPOSE: Components of Family Food Packs End User: DRMD (Ref: PR No.: DSWD7-20-0912)	400,000	5.75	2,300,000.00
				5%	102,678.57
				1%	20,535.71
(Total Amount in Words)		Two Million One Hundred Seventy Six Thousand Seven Hundred Eighty Five Pesos & 72/100		Net of tax	2,176,785.71

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:


 CHARITA NACUA
 Signature over Printed Name of Supplier
 9/21/20
 Date

Very truly yours,


REBECCA P. GEAMALA
 Regional Director

Funds Available:

LOUIE RAY C. VILLARIN, CPA
 Regional Accountant

ALOBS No. : _____
Amount : _____