

PURCHASE ORDER



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

Supplier: **FIVE POWER VENTURE DEV'T CORP / CEBU PARKLANE INTERNATIONAL HOTEL**
Address: Corner Archbishop Reyes & Escario St. Cebu City
Contact No.: 0917-632-0015
Contact Person: Phyliss Ann Mojado

PO No.: **DSWD7-AMP-2021-227**
Date: 04/12/2021
Mode of Procurement: Small Value Procurement
TIN: 239-217-268-001

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

Place of Delivery:	Cebu City	Delivery Term:	Upon Actual Date of Activity
Date of Delivery:	Pls. see dates stated below	Payment Term:	within 30 calendar days after receipt of billing.

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
	pax	<p style="text-align: center;">Catering Services for the activity SLP Regional Project Management Team (RPMT) Meeting</p> <p>Dates: April 15, 2021 May 12, 2021 June 9, 2021 July 8, 2021 August 12, 2021 September 8, 2021 October 14, 2021 November 11, 2021 December 9, 2021</p> <p>Venue: Cebu City</p> <p>Meals: Packed Dinner Dinner: Rice, soup, 3 main dishes (vegetable, fish, chicken and pork/beef), dessert (preferably fruits), and natural juices Others: Flowing Coffee/Purified Drinking Water; Should be served as individual meals/plated; No serving of cream dowry fish and softdrinks</p> <p>End User: SLP Purpose: Provision of food during the conduct of SLP Regional Project Management Team Meeting</p>	32	300.00	86,400.00

	5%	3,857.14
(Ref: PR No.: DSWD7-21-0353a)	2%	1,542.86

(Total Amount in Words)	Eighty One Thousand Pesos Only	Net of tax	81,000.00
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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:

Phyliss Ann Mojado
Signature over Printed Name of Supplier
APRIL 13, 2021
Date

Rebecca P. Geamala
REBECCA P. GEAMALA, DMPA
Regional Director

Funds Available:

Louie Ray C. Villarín
LOUIE RAY C. VILLARIN, CPA
Regional Accountant

ALOBS No.: _____
Amount: _____