

PURCHASE ORDER

Department of Social Welfare and Development
Field Office VII

cor. MJ Cuenco Ave. & Gen. Maxilom Ave., Cebu City Tel. # 2330261, 2338785 Fax # 4129908, 2321192

Supplier: IVANNA'S KITCHEN	PO No. DSWD7-18-696
Address: 1051-C Pati Street, Basak, San Nicolas, Cebu City	Date: 10/30/2018
Contact No.: 0917-3169756 / 2664062	Mode of Procurement: Small Value Procurement
Contact Person: Natasha Blanca Carbonel	TIN: 252-612-914-000

Gentlemen:

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

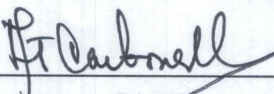
Place of Delivery:	DSWD FO VII	Delivery Term:	Upon Actual Date of Activity
Date of Delivery:	October-December 2018	Payment Term:	within 30 calendar days after receipt of billing.

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
		1 meal (Lunch) and Snacks (AM or PM)			
		Pre-procurement Conference , Prebid Conference, and Bid Opening for CY 2019 Early Procurement			
		9 Meetings			
	pax	Date of Activity: October-December 2018	25	275.00	61,875.00
		Venue: Cebu City		5%	2,762.28
		Menu: Lunch: Rice, soup, 3 main dishes (choice of vegetables, fish not cream dory, chicken and pork/beef), dessert (choice of fresh fruits, fruit salad, or pastries like cake) and natural juices.		2%	1,104.91
		Snack: preferably sandwich or pasta with natural juices			
		Others: Bottled Water			
		Purpose: Provision of Food for BAC, BaC Sec, TWG, and End Users for Pre-procurement Conference , Prebid Conference, and Bid Opening for CY 2019 Early Procurement			
		(Ref: PR No.: DSWD7-18-0938)		<i>Total after tax</i>	58,007.81
(Total Amount in Words)	Fifty eight thousand seven pesos and 81/100			<i>Nett of tax</i>	58,007.81

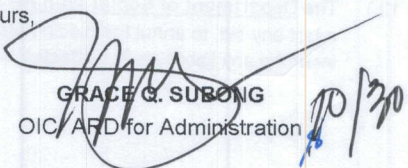
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

Very truly yours,

Conforme:


Signature over Printed Name of Supplier

10/30/18
Date


GRACE G. SUBONG
OIC/ ARD for Administration

Funds Available:


LOUIE RAY C. VILLARIN, CPA
Regional Accountant

ALOBS No. : _____
Amount : _____