

# 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

<b>Supplier: CEBU RED CARPET CATERING SERVICES INC.</b> Address: North Reclamation Area, Cebu City Contact No.: 232-2334/ 232-2320 Contact Person: Sheila/ Maryn Rose	PO No. DSWD7-18-765 Date: 12/06/2018 Mode of Procurement: Small value procurement TIN: 245-900-459-000
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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:	December 11-12, 2018	Payment Term:	within 30 calendar days after the activity & receipt of billing.

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
		<b>Catering Services</b>			
		<b>Activity:</b> 4th Panaghuisa Festival			
		<b>Date:</b> December 11-12, 2018			
	pax	<b>Date:</b> December 11, 2018 - Packed Meals ( Snack & Dinner)	450	275.00	123,750.00
	pax	<b>December 12, 2018 - Packed Meals ( Lunch, Snack &amp; Dinner)</b>	250	475.00	118,750.00
		<b>Venue:</b> Ayala Activity Center, Ayala Center Cebu			<b>242,500.00</b>
		<b>Menu:</b>			
		<b>Lunch/Dinner:</b> Rice, soup, 2 main dishes (vegetable, fish, chicken/pork) dessert and natural juice drinks or mineral water. Strictly no softdrinks. No creamdory		5%	10,825.89
		<b>Snacks:</b> Native Delicacies with natural juices			
		<b>Purpose:</b> 4th Panaghuisa Festival		2% <i>Total after tax</i>	4,330.36 <b>227,343.75</b>
<b>(Ref: PR No.: DSWD7-18-0572)</b>					

(Total Amount in Words) Two hundred twenty seven thousand three hundred forty three pesos and 75/100	<i>Nett of tax</i>	<b>227,343.75</b>
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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:  
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Signature over Printed Name of Supplier

**MA. EVELYN B. MACAPOBRE, CESO-III**  
Director IV

**For the Regional Director:**  
**GRACE O. SUBONG**  
OR - Assistant Regional Director for Administration

\_\_\_\_\_  
Date

**LOUIE RAY C. VILLARIN, CPA**  
Regional Accountant

ALOBS No. : \_\_\_\_\_  
Amount : \_\_\_\_\_