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: Address: Contact No.: Contact Person	496-	TA CEBU VILLAGE GARDEN R og,Cordova Cebu -7812/0943-1415440 stine S. Malait	RESORT INC.	PO No. Date: Mode of Proc	DSWD7-2019 11/08/2019 curement:	-AMP-1042 Small Value
Gentlemen: Please furn	ish this O	Office the following articles subject to the	terms and condition	TIN:	464-138-210-0	Procurement 000
Place of Delivery:		within Cebu City		Delivery Term:	in:	
Date of Delivery:		Pls. see dates stated below	10.890 71.0 88.0 10.0	Payment Term:		Upon actual date of activity within 30 calendar
Stock No.	Unit	Desciption		ayment rerm:		days after the activ & receipt of billing
				Quantity	Unit Cost	statement
		Catering Services (packed Lunch snacks)	Control of the second of the s	NAME AND POST OF	COMPANY TO SERVICE SERVICE	Amount
		Activity: Learning Session on Safe Families and Children at Risk in the	r Internet for e Streets		A COMMON ASSESSMENT	Assaud
	pax	November 11,2019	and pools arrived to see			shrat of the
	pax	November 18,2019		40	390.00	15,600.0
	pax	November 20,2019	The Company of the Land	40	390.00	15,600.0
	pax	November 22,2019		40	390.00	15,600.0
			A FIRM IN LABOR.	40	390.00	15,600.0
		Venue: within Cebu City	description of the second	1	Total before tax	62,400.00
		the state of the s			5%	2,785.7
		Lunch: Rice, soup, 3 main dishes (chovegetables, fish not creamdory, chicker dessert (assorted fruits in season) and AM Snack: choices of Pasta, batchoy native kakanin and natural fruit juice	and beef),	The state of the second of the	2%	1,114.29
			Last Barlos are to recomme		Total after tax	58,500.00
		End User: STU	gilden warrage of the later of	ica miai sasa I	THE REPORT OF THE PARTY OF THE	Mile Id
Total Amount in Wo		(Ref: PR No.: DSWD7-19-15		a I sluttly tragger	44 100 de 200 100 100 100 100 100 100 100 100 100	
n case of failure	to make t		os .	A STATE OF THE STA	Net of tax	58,500.00
nforme:	Ch	delay shall be imposed.		ry truly yours,	p	
Sig	gnature ov	/er Printed Name of Supplier		F	ECCA P. GEAMAL Regional Director	A
No. il ali		Date				
vailable:	LOUIE RAY C. VILLARIN, CPA			ALOBS No. : Amount :		
15/02 PO No. DS1		9-AMP-1042				