

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: ALTA CEBU VILLAGE GARDEN RESORT INC. Address: Pilipog, Cordova Cebu Contact No.: 496-7812/0943-1415440 Contact Person: Christine S. Malait	PO No.: DSWD7-2019-AMP-186 Date: 03/27/2019 Mode of Procurement: Small Value Procurement TIN: 464-138-210-000
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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:	Pls. see dates stated below	Payment Term:	within 30 calendar days after receipt of billing.

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
		Catering Services (1 Packed Lunch, AM & PM Snacks) Activity: BAC, TWG, Procurement Section Monthly Meeting Date: Every 3rd Monday of the month from April - September 2019 (6 meetings) April 2019 May 2019 June 2019 July 2019 August 2019 September 2019			
	pax		30	495.00	14,850.00
	pax		30	495.00	14,850.00
	pax		30	495.00	14,850.00
	pax		30	495.00	14,850.00
	pax		30	495.00	14,850.00
	pax		30	495.00	14,850.00
				<i>Total before tax</i>	89,100.00
		Menu: Rice, soup, 1 vegetable dish, 2 main dishes (choices of fish, chicken and pork/beef), dessert (choices of fruit salad, pastries or cake) and natural/local juices (choices: buko or calamansi or fresh fruit instead of juice) Note: Not in disposable bottle. Snacks: Preferably sandwich, pasta or noodle, root crops or breads and pastries and natural juices (choices: buko or calamansi or fresh fruit instead of juice) Note: Not in disposable bottle. Others: Flowing coffee and distilled water Note: Strictly no softdrinks and no serving of creamdory fish. Venue: Cebu City		5%	3,977.68
				2%	1,591.07
(Ref: PR No.: DSWD7-19-0415)					

(Total Amount in Words)	Eighty three thousand five hundred thirty one pesos and 25/100	<i>Net of tax</i>	83,531.25
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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.

Conforme:
 Signature over Printed Name of Supplier

Very truly yours,

GRACE Q. SUBONG
 ARD for Administration
 4/10/19

4/12/19
 Date

Funds Available: LOUIE RAY C. VILLARIN, CPA Regional Accountant	ALOBS No.: _____ Amount: _____
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