

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.	PO No.	DSWD7-2019-AMP-204
Address:	Pilipog, Cordova Cebu	Date:	03/29/2019
Contact No.:	496-7812/0943-1415440	Mode of Procurement:	Small Value Procurement
Contact Person:	Christine S. Malait	TIN:	464-138-210-000

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 Lunch & AM/PM Snacks)			
		Activity: DRMD Program Updating			
	pax	Date: April 30,2019	14	400.00	5,600.00
	pax	May 10,2019	14	400.00	5,600.00
	pax	June 14,2019	14	400.00	5,600.00
	pax	July 12,2019	14	400.00	5,600.00
	pax	August 9,2019	14	400.00	5,600.00
	pax	September 11,2019	14	400.00	5,600.00
	pax	October 11,2019	14	400.00	5,600.00
	pax	November 8,2019	14	400.00	5,600.00
	pax	December 6,2019	14	400.00	5,600.00
				<i>Total before tax</i>	50,400.00
				5%	2,250.00
		Menu: Rice, soup, 1 vegetable dish, 2 main dishes (choices of fish, chicken and pork/beef), dessert (fresh fruits) and natural/local juices			
		AM/PM Snack: bread, pasta,pizza and drinks		2%	900.00
		Strictly no softdrinks.			
		Venue: Cebu City		<i>Total after tax</i>	47,250.00

(Ref: PR No.: DSWD7-18-0725)

(Total Amount in Words) Forty seven thousand two hundred fifty pesos only

Net of tax

47,250.00

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

Date

4/24/19

Very truly yours,


SHALAINIE MARIE S. LUCERO
Director III/ ARD for Operations

Funds Available:


LOUIE RAY C. VILLARIN, CPA
Regional Accountant

ALOBS No. : _____
Amount : _____