		PURCHASE ORI	DED	Append	dix 52
		Department of Social Welfare a	JEK		
		FIELD Office VII			
	cor. MJ	Cuenco Ave. & Gen. Maxilom Ave. Columnia			
	Troi	Cuenco Ave. & Gen. Maxilom Ave. ,Cebu City Tel. # 2	330261, 2338785	Fax # 4129908, 2	321192
Supplier:	SERVICES				
Address:		acion, Malabuyoc, Cebu	PO No.	DSWD7-2019-AMP-555	
		2905553	Date:	07/10/2019	
Contact Person	Edna	L. Inso	Mode of Proc	curement:	Small Value Procurement
Gentlemen:			TIN:	167-164-572-0	)00
Please furnis	h this O	ffice the following articles subject to the terms and con			
			ditions contained	herein:	
<sup>D</sup> lace of Delivery:		Cebu City	Delivery Term:		Upon Actual Date o
late of Deliv					Activity
Date of Delivery:		Pls. see dates stated below	Payment Term:		within 30 calendar
Stock No.	Unit			days after receipt of billing.	
		Desciption	Quantity	Unit Cost	Amount
		Catering Services			
		Activity: SLP RPMT Meeting			
		Date:			
	pax	July 11, 2019 🔨	35		
	pax	September 4 ,2019	35	490.00	17,150.0
	pax	October 3, 2019	35	490.00	17,150.00
	pax	December 3, 2019	35	490.00	17,150.00
		Menu:	00	490.00	17,150.00
		Details: Meals (Lunch) AM Snack & PM Snack			
		Buffet Lunch: Rice, Soup, 3 main dishes (vegetable			
		fish, chicken and pork/beef), dessert (preferably fruits) and natural juices			
		AM & PM Snakes: Variation of pasta, bread, native			
		shacks and natural/local juice such as calamansi			
		DUKO, ELC.		Total before tax	68,600.00
		Others: Flowing Coffee/Purified Drinking Water			
		No Serving of pork for the whole duration of activity for			
	1	participants with special dietary needs and with			
		religious requirements (Seventh Day Adventist and Moslems)			
	١	/enue: DSWD FO VII		5%	3,062.50
				2%	1,225.00
				Total after tax	64,312.50
Total Amount in Word	ds) S	(Ref: PR No.: DSWD7-19-1061) ixty four thousand three hundred twelve pesos and 50/100			
n case of failure to	make th	e full delivery within the time specified above a second	opth (1/10)	Net of tax	64,312.50
e percent for ever	y day of	delay shall be imposed.	entri (1/10)		
		$\mathcal{N}$	Very truly yours,		
onforme:	DAX	J. INSO		BECCA P. GEAMA	
1 CONTRACTOR				Regional Director	
Sig	nature ov	ver Printed Name of Supplier			
		7/10/19		For the Reg	ional Director
	Γ	Date		AM	M
Available:				GRAVE D	SUBONG
	LO	UIE RAY C. VILLARIN, CPA	ALOBS No. :		1-Iml
		egional Accountant	Amount :		110/10