

**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: <b>IVANNA'S KITCHEN</b>	PO No. DSWD7-2019-AMP-005
Address: Basak, San Nicolas, Cebu City	Date: 01/15/2019
Contact No.: 266-4062/09176298856/09085288965	Mode of Procurement: Small Value Procurement
Contact Person: Toni Carbonell	TIN: 252-621-914-000

Gentlemen:  
Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery:	DSWD FO VII, Cebu City	Delivery Term:	Upon actual date of activity
Date of Delivery:		Payment Term:	within 30 calendar days after complete delivery & receipt of billing.

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
		<b>Catering Services (1 Lunch &amp; 2 Snacks)</b>			
		<b>Activity: Social Pension Management Staff Monthly Meeting</b>			
		<b>Date: 12 meetings (every 1st friday of the month)</b>			
	pax	January 23, 2019 February 1, 2019 March 1, 2019 April 5, 2019 May 3, 2019 June 7, 2019 July 5, 2019 August 2, 2019 September 6, 2019 October 4, 2019 November 5, 2019 December 6, 2019	39	430.00	201,240.00
		<b>Activity: Social Pension Program Technical Working Group (TWG) Committee Meeting</b>			
		<b>Date: 4 meetings (every 2nd friday of the month)</b>			
	pax	January 28, 2019 April 12, 2019 July 12, 2019 October 11, 2019	8	430.00	13,760.00
		<b>Venue: DSWD FO VII, Cebu City</b>		total before tax	<b>215,000.00</b>
		<b>Lunch: Rice, Soup, Vegetable, 2 main course (fish, chicken, pork), bottled juice, fresh fruits</b>		5%	9,598.21
		<b>AM/PM Snacks: bread, pasta, pizza, and bottled juice</b>		2%	3,839.29
				total after tax	201,562.50
		<b>(Ref: PR No.: DSWD7-19-0047)</b>			
(Total Amount in Words)		Two hundred one thousand five hundred sixty two pesos and 50/100		Net of tax	<b>201,562.50</b>

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:

*Toni Carbonell*  
**Antoinette I.A. Carbonell**

Signature over Printed Name of Supplier

1/22/19  
Date

Very truly yours

*Shalaine Marie S. Lucero*  
**SHALAIN MARIE S. LUCERO**  
Director III/ ARD for Operations

1/22/19

Funds Available:

*Louie Ray Villarin*  
**LOUIE RAY VILLARIN, CPA**  
Regional Accountant

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