

**PURCHASE ORDER**

Department of Social Welfare and Development

 Department of Social Welfare and Development  
 Field Office VII, Cebu City

Supplier: **CEBU RED CARPET CATERING SERVICES, INC.**

Address: North Reclamation Area, Cebu City

Contact No.: 232-2334 / 232-2320

Contact Person: Rochelle D. Sanchez

PO No. DSWD7-AMP-2021-026

Date: 01/29/2021

Mode of Procurement: Small Value Procurement

TIN: 245-900-459-000

Gentlemen:

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

Place of Delivery:	DSWD FOVII	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
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Provision of Catering Services for  
**"National Level Awards & Recognition -  
 Celebrating 70 years of Supporting,  
 Developing and Honoring"**

(PACKED 3 MEALS AND 2 SNACKS)

**Details:** Meals (Breakfast, Lunch & Dinner), AM Snack & PM Snack**Venue:** DSWD FOVII**Date:** January 29, 2021

70

1000.00

**70,000.00****Breakfast/Lunch/Dinner:** Rice, Soup, 3 main dishes (vegetable, fish, chicken and pork/beef), dessert (preferably fruits) and natural juices**AM/PM Snacks:** Variation of pasta, bread, native snacks and natural/local juice such as calamansi, buko, etc.**Others:** Flowing Coffee/ Purified Drinking Water Should be served as individual pack meals.**No serving on cream dowry fish**

Provision of table with skirting and seat cover for monoblock chairs

**Purpose:** Provision of Food during the conduct of National Level Awards & Recognition - Celebrating 70 years of Supporting, Developing and Honoring**End User:** Listahanan

(Ref: PR No.: DSWD7-21-0115)

5%

3,125.00

2%

1,250.00

**(Total Amount in Words)** **Sixty Five Thousand Six Hundred Twenty Five Pesos**

**Net of tax****65,625.00**

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

Very truly yours,

**REBECCA P. GEAMALA, DMPA**  
 Regional Director

Funds Available:

**LOUIE RAY C. VILLARIN, CPA**  
 Regional Accountant

ALOBS No. :

Amount :