



PURCHASE ORDER

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

Supplier: MIGGAB EATERY Address: 712-a Tres de Abril, Labangon Cebu City Contact No.: 0927-616-6249 Contact Person: Cleo B. Baring	PO No. : DSWD7-AMP-2021-038 Date: 02/03/2021 Mode of Procurement: Small Value Procurement TIN: 726-591-259-000
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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: Pls. see dates stated below	Payment Term: within 30 calendar days after receipt of billing.

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
Provision of Catering Services for the following activities stated below					
Title: Social Pension Staff Monthly Meeting					
Dates:					
	pax	February 05, 2021	39	480.00	18,720.00
	pax	March 05, 2021	39	480.00	18,720.00
	pax	April 02, 2021	39	480.00	18,720.00
	pax	May 07, 2021	39	480.00	18,720.00
	pax	June 04, 2021	39	480.00	18,720.00
	pax	July 02, 2021	39	480.00	18,720.00
	pax	August 08, 2021	39	480.00	18,720.00
	pax	September 03, 2021	39	480.00	18,720.00
	pax	October 01, 2021	39	480.00	18,720.00
	pax	November 05, 2021	39	480.00	18,720.00
	pax	December 03, 2021	39	480.00	18,720.00
Title: Social Pension Technical Working Group Committee Meeting					
	pax	February 23, 2021	11	480.00	5,280.00
	pax	June 25, 2021	11	480.00	5,280.00
Details: 1 Meal and 2 snacks (Packed Lunch, AM & PM Snacks) Food: Packed Lunch Rice, soup, 2 main dishes (vegetable, fish not creamdory, chicken and pork/beef), dessert (preferably fruits) and bottled juice. Strictly no soft drinks, Purpose: Provision of food during the conduct of Social Pension Activities End User: Social Pension				Gross Amount	216,480.00
(Ref: PR No.: DSWD7-21-0117)				5%	9,664.29
				2%	3,865.71
(Total Amount in Words)		Two Hundred Two Thousand Nine Hundred Fifty Pesos		Net of tax	202,950.00

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
 02/03/2021
 Date

Very truly yours,

REBECCA P. GEAMALA, DMPA
 Regional Director

Funds Available:

LOUIE RAY C. VILLARIN, CPA
 Regional Accountant

ALOBS No. : _____
 Amount : _____