



PURCHASE ORDER

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

Supplier: **ALTA BOHOL GARDEN RESORT INC.** PO No. **DSWD7-AMP-2021-069**
 Address: Brgy. San Isidro, Baclayon, Bohol Date: 02/18/2021
 Contact No.: 0943-141-2440 Mode of Procurement: Small Value Procurement
 Contact Person: Christine S. Malait TIN: 009-415-143-000

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

Place of Delivery:	Activity Center in Totolan, Dauis, Bohol	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
	pax	Provision of Catering Services "Snacks/Hot Meal for Sama-Bajau Children for 160 days" March to October 2021 Details: MENU - Choices of: a. Sotanghon guisado and slice bread, bottled fruit juice b. Benignit with complete ingredients, bottled fruit juice c. Meat bread with whole egg, bottled fruit juice d. Lomi with toasted bread, bottled fruit juice e. Chicken arroz caldo with quail eggs, bottled fruit juice f. Champorado with cheesy ensaymada, bottled fruit juice g. Boiled camote and cassava with butter and honey, probiotic drink h. Sticky rice ball in coconut milk, chocolate drink i. Ham and egg sandwich, milk drink j. Pancake and corn mushroom soup, bottled fruit juice k. Banana cue and fish tempura, bottled fruit juice l. Batchoy with toasted bread, bottled fruit juice m. Carrot cake, probiotic drink n. Puto cheese and potato fries, chocolate drink Purpose: Provision of Snacks/Hot Meal for Sama-Bajau Children in the Activity Center in Totolan, Dauis, Bohol End User: STU	20	48.00	153,600.00

				5%	6,857.14
		(Ref: PR No.: DSWD7-21-0157)		2%	2,742.86

(Total Amount in Words)	One Hundred Forty Four Thousand Pesos	Net of tax	144,000.00
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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
 2/23/21
 Date

Very truly yours,
REBECCA P. GEAMALA, DMPA
 Regional Director

Funds Available: **LOUIE RAYO VILLARIN, CPA**
 Regional Accountant

ALOBS No. : _____
 Amount : _____