

<b>PURCHASE ORDER</b>			
<b>DSWD</b> Department of Social Welfare and Development Field Office VII, Cebu City			
Supplier:	<b>FIVE POWER VENTURE DEVT CORP / CEBU PARKLANE INTERNATIONAL HOTEL</b>	PO No.:	<b>DSWD7-AMP-2021-070</b>
Address:	Corner Archbishop Reyes & Escano St, Cebu City	Date:	<b>02/18/2021</b>
Contact No:	0917-632-0015 / 0908-810-3295	Mode of Procurement:	Small Value Procurement
Contact Person:	Phylliss Ann Mojado	TIN:	239-217-268-001
Gentlemen Please furnish this Office the following articles subject to the terms and conditions contained herein:			
Place of Delivery:	DSWD Field Office VII	Delivery Term:	Upon Actual Date of Activity
Date of Delivery:	Pls see dates signed below	Payment Term:	within 30 calendar days after receipt of billing
Stock No.	Unit	Description	Quantity
			Unit Cost
			Amount
		<b>Catering Services for the activity "DRMD Meeting"</b>	
		<b>Dates:</b>	
	pax	March 2, 2021	20
	pax	April 6, 2021	20
	pax	May 4, 2021	20
	pax	June 1, 2021	20
	pax	July 6, 2021	20
	pax	August 3, 2021	20
	pax	September 7, 2021	20
	pax	October 5, 2021	20
	pax	November 9, 2021	20
	pax	December 7, 2021	20
		<b>Details: Meals - Packed Lunch, AM and PM Snacks Packed Lunch: Appetizer, Rice, Soup, 3 main dishes (vegetable, fish, chicken and beef) Dessert (choice of fresh fruits, fruit salad or pastries like cake) and natural juices Packed AM/PM Snacks: Preferably Sandwich, Pizza or Pasta with Natural juices Others: Must be Natural Juices (like Lemon grass, Calamansi, Buko, Watermelon or Cucumber juice) Should be served as individual packed meals No serving of creamdory Strictly no softdrinks</b>	
		<b>End User: DRMD Purpose: Provision of Food during the conduct of DRMD Meeting</b>	
			<b>Gross Amount</b>
			<b>90,000.00</b>
		(Ref: PR No.: DSWD7-21-0163)	5%
			2%
			4,017.86
			1,807.14
<b>(Total Amount in Words)</b>	<b>Eighty Four Thousand Three Hundred Seventy Five Pesos</b>		<b>Net of tax</b>
			<b>84,375.00</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:	<b>PHYLISS ANNE MOJADO</b> Signature over Printed Name of Supplier	Very truly yours,	<b>REBECCA P. GEAMALA, DMPA</b> Regional Director
	2-23-2021 Date		
Funds Available	<b>LOUIE RAY C. WILLARIN, CPA</b> Regional Accountant	ALOBS No	Amount