



# PURCHASE ORDER

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

<b>Supplier:</b> <b>FHAM'S KITCHENETTE I</b> Address: Brgy. Poblacion, Argao Cebu Contact No.: 0942-584-7763 Contact Person: Lucia M. Nasibog	<b>PO No. DSWD7-AMP-2024-261</b> Date: <b>4/26/2024</b> Mode of Procurement: NP-Small Value Procurement TIN: 200-801-281-000
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Gentlemen:  
Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery:	DSWD-RRCY, Candabong, Argao, Cebu	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
		<b>Provision of Catering Services for the conduct of QUARTERLY GENERAL STAFF MEETING</b>			
	<b>pax</b>	<b>APRIL 30, 2024</b>	<b>40</b>	<b>340.00</b>	<b>13,600.00</b>
	<b>pax</b>	<b>JUNE 19, 2024</b>	<b>40</b>	<b>340.00</b>	<b>13,600.00</b>
	<b>pax</b>	<b>SEPTEMBER 18, 2024</b>	<b>40</b>	<b>340.00</b>	<b>13,600.00</b>
	<b>pax</b>	<b>DECEMBER 4, 2024</b>	<b>40</b>	<b>340.00</b>	<b>13,600.00</b>
		Meal: Lunch (Buffet) AM & PM snacks - Individually pack <b>LUNCH Menu:</b> Appetizer ,Rice, Soup, 3 main dishes (vegetable, Pork, fish, Chicken and Beef) <b>Dessert:</b> (Choice of: Fresh Fruits, Fruit Salad or pastries like cake and natural juices) <b>Drinks:</b> Choices of at least: 500ml Bottled Water or 330ml Bottled Natural Juices or 240ml Canned Juice <b>No serving</b> of Creamdory fish <b>No serving</b> of Bam-e, Pansit or Bihon (as viand) <b>Strictly no</b> softdrinks and flavored bottled drinks and powdered juices <b>AM and PM Snacks:</b> Variation of Pasta, Bread, Pastries, Burger, Pizza, Native Snacks, natural juice like Lemon grass Calamansi Buko , watermelon or Cucumber etc. <b>Purpose:</b> Provision of catering services for the participants <b>End User:</b> RRCY (Ref: PR No.: DSWD7-23-0406)			

<b>(Total Amount in Words)</b>	<b>Fifty Four Thousand Four Hundred Pesos</b>	<b>Gross Amount</b>	<b>54,400.00</b>
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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  
 Date \_\_\_\_\_

Very truly yours,  
  
**SHALAINA MARIE S. LUCERO, CESO IV**  
 Regional Director

Funds Available: <b>PAOLO GILBERTO B. CAPUL, CPA</b> Regional Accountant	ALOBS No. : _____ Amount : _____
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