

PURCHASE ORDER

Department of Social Welfare and Development
Field Office VII

cor. MJ Cuenco Ave. & Gen. Maxilom Ave., Cebu City Tel. # 2330261, 2338765 Fax # 4129908, 2321192

Supplier: ROMELYN R. GALANO	PO No. FO-17-237
Address: Upper Pob., Pilar, Cebu	Date: 5/12/17
Contact No.: 093593216	Mode of Procurement: Shopping
Contact Person: Romelyn R. Galano	TIN: 410-858-881-000

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

Place of Delivery: Pilar, Cebu	Delivery Term: 14 days upon receive approved po
Date of Delivery:	Payment Term: within 30 calendar days after the delivery & receipt of final billing.

Stock No.	Unit	Description	Quantity	Unit Cost	Total
		Catering Services			
		Title of Activity:			
		Community Driven Enterprise Development Training			
		Details: Lunch, AM Snack & PM Snack			
	pax		55	245	40,425.00
	pax	Menu	55	245	40,425.00
	pax	Packed Lunch: Rice, 3 main courses (vegetables, fish, chicken and pork/beef), and soft drinks	55	245	40,425.00
	pax	AM/PM Snacks: Variation of pasta/bread/pastries with drinks	55	245	40,425.00
		Others: Flowing Coffee/Purified Drinking Water/soft drinks			
				Total before tax	161,700.00
				5%	7,218.75
		Date:		1%	1,443.75
		May 25-27, 2017		Total after tax	153,037.50
		May 29-31, 2017			
		June 1-3, 2017			
		June 27-29, 2017			
		Venue: within Pilar, Cebu			
		Please see attached menu			
		Purpose:			
		Community Driven Enterprise Development Training on May 25-27, 2017, May 29-31, 2017, June 1-3, 2017, June 27-29, 2017			
		(Ref: PR No.: DSWD7-17-0489)			

(Total Amount in Words) One hundred sixty one thousand seven hundred pesos only	Nett of tax	153,037.50
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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.

Very truly yours,
 Conforms: *Romelyn R. Galano*
ROMELYN R. GALANO
 Signature over Printed Name of Supplier
 MA. EVELYN B. MACAPOBRE, CESO III
 Director IV
Hermilinda Cabanog
 H. CABANOG
 Assistant Regional Director for Administration

Date	ALOBS No. : _____
Funds Available: LOUIE RAYO VILLARIN, CPA Regional Accountant	Amount : _____