

PURCHASE ORDER

DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT

Supplier : **OLIMAC FOODHAUZ** PO No.: KC-NCDUP-17-437
 Address : **PCB, SAN JUAN, SIKUJOR** Date : July 19, 2017
 Contact No. : 9058767306 Mode of Procurement: Shopping
 Gentlemen:

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

Item No.	Qty.	Unit	Purchaser's Specifications	Unit Cost	Amount
Place of Delivery: SAN JUAN, SIKUJOR					
Date of Delivery:					
Delivery Term: upon actual conduct of scheduled activity					
Payment Term: 30 days from delivery and final receipt of billing of every activity					
I. Title of Activities					
1	142	pax	Municipal Accountability Reporting cum Municipal Orientation (1 day) Activity Date: within the months of September to October 2017 for 293 & 377 areas	270.00/pax	38,340.00
2	67	pax	Municipal Planning for Participatory Situation Analysis (1 day) Activity Date: within the months of September 2017 to November 2017 for 293 & 377 areas	270.00/pax	18,090.00
3	375	pax	Barangay Participatory Situation Analysis (2 days) Activity Date: within the months of September-October 2017 for 293 areas & within the month of October to November 2017 for 377 areas	270.00/pax/day	202,500.00
4	67	pax	Criteria Setting Workshop(1 day) Activity Date: within the month of October 2017 for 377 areas & within the month of November to December 2017 for 293 areas	270.00/pax	18,090.00
II. Catering Services:					
					277,020.00
a. Buffet Lunch: Rice, Soup, 2 main courses and drinks (natural juice & purified water)					
b. AM and PM snacks					
III. Venue of the Activity:					
SAN JUAN, SIKUJOR					
					3%
					8,310.00
					2%
					3,510.00
					13,851.00
Total (Amount in Words): Two hundred seventy seven thousand twenty pesos only				Total (less tax)	263,169.00

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.

Very truly yours,

Conforme: *[Signature]* 4-17
 MA. EVELYN B. MACAPOBRE, CFSO III
 Director IV
 (Signature over printed name)

Funds Available: **LOUIE RAY C. VILLARIN**
 Accountant III

Amount
OR #

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