

PURCHASE ORDER

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

Supplier: **MAGIC TWIST FOODHAUS**

Address: BASAK, KAGOHOY, LAPU-LAPU CITY

Contact No.: 0905-491-1364

Contact Person: MARIA ELEONOR AMODIA

PO No. DSWD7-AMP-2022-058

Date: 2/23/2022

Mode of Procurement: Small Value Procurement

TIN: 132-263-203-000

Gentlemen:

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

| Place of Delivery: | DSWD Field Office VII, Carreta Cebu City | | Delivery Term: | | |
|--------------------|--|---|----------------|---|-------------------|
| 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 |
| | | PROVISION OF CATERING SERVICES (1 MEAL and 2 SNACKS) | | | |
| | pax | SOCIAL PENSION STAFF MONTHLY MEETING | 40 | 360.00 x 11 months | 158,400.00 |
| | | Date of Activity: *February 28, 2022 *March 25, 2022 *April 29, 2022 *May 27, 2022 *June 24, 2022 *July 29, 2022 *August 26, 2022 *September 30, 2022 *October 28, 2022 *November 25, 2022 *December 16, 2022 Venue: DSWD FO VII Meals: Lunch (Packed) Snacks: AM & PM (Packed) Lunch Menu: > Rice > Soup > 2 Main Dish: > 1 Main Dish: Vegetables > Dessert: (Choices of : Fruits or Cakes or Salads) > Dessert: (Choice of: at least 500ml Bottled Water or 330ml Bottled *No serving of of CREAMDORY FISH *No serving of BAM-E, PANSIT or BIHON *Strictly NO SOFTDRINKS & FLAVORED BOTTLED DRINKS Other Specifications: *Service provider must attached Menu upon submission of Request for Quotation (RFQ). *Food must be delivered between 10AM to 11AM. *Service provider must bring the Delivery Receipt, Sales Invoice or Billing Statement and Menu upon delivery to fast tract the processing of payments. END USER: SOCIAL PENSION (Ref: PR No.: DSWD7-22-0188) | | | |

(Total Amount in Words)

One Hundred Fifty Eight Thousand Four Hundred Pesos

158,400.00

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:

MARIA ELEONOR AMODIA
Signature over Printed Name of Supplier
Date: 2/23/2022

REBECCA P. GEAMALA
REBECCA P. GEAMALA, DMPA
Regional Director

Funds Available:

LOUIE RAY C. VILLARIN, CPA
Regional Accountant

ALOBS No. : _____

Amount : _____