



## PURCHASE ORDER

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


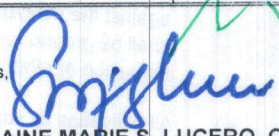
Supplier:	<b>GOLDEN PRINCE HOTEL AND SUITES / GOLDEN PRINCE HOTEL, INC.</b>	PO No.	<b>DSWD7-AMP-2025-150</b>
Address:	Archbishop Reyes Ave. Cebu City	Date:	April 7, 2025
Contact No.:	0968-563-2563	Mode of Procurement:	NP-Small Value Procurement
Contact Person:	Dioda Libosana	TIN:	<b>211-745-841-000</b>

Gentlemen:

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

Place of Delivery:		DSWD FO VII, Cebu City		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		
		Catering Services for the conduct of the following activities					
		<b>A. Procurement Management Section Meetings for CY 2025</b>					
	pax	April 2025 to December 2025 (or until quantity is exhausted) 9 months Details (Lunch and AM and PM snacks (packed))	13	700.00	81,900.00		
		<b>B. Procurement Related Activities / Meetings for CY 2025</b>					
	pax	April 2025 to December 2025 (or until quantity is exhausted) Details (Lunch (Packed))	200 pax for 9 months	400.00	80,000.00		
		<b>Lunch Meal:</b> Soup (should be stock or cream - based, with pieces of meat chunks, may be thick / thin / smooth textured), Rice, 3 Main Dishes: Choices of Beef, Pork, Chicken, and Fish, 1 Vegetable Dish <b>Dessert:</b> Choice of Fresh Tropical Fruits or Pastries or Salads <b>Drinks:</b> (Choices of: at least 500 ml Bottled Water or 330ml Bottled Natural Juice / Fresh or 240ml Canned Juice )					
		<b>Snacks (AM and PM)</b> <b>Choice of any of the following:</b> (a) Sandwiches with sides (Clubhouse or similar with in size) (b) Burgers with sides (c) Pasta with toasted bread / bun (Pasta should be 1 cup) (d) Noodle Dish (e.g. Pancit/Bihon) (e) Breads / Pastries - should provide appropriate portion size per serving (f) Native Kakanin - should provide atleast 3 variety per serving <b>Drinks:</b> (Choices of: 330ml Bottled Natural / Fresh Juice or 240ml Canned Juice ); for native kakanin, may be paired with either hot chocolate or coffee					
		<b>Other Specifications:</b> No serving of CREAMDORY fish No serving of BAM-E, PANSIT or BIHON (as alternate of one of the main course) No serving of SODA (Softdrinks), Flavored Bottled Drinks , and Powdered Juices All drinks delivered should be in the appropriate temperature Cold or Hot. Provision of flowing coffee and availability of water dispensers or bottled water					



Stock No.	Unit	Description	Quantity	Unit Cost	Amount
		<b>Requirements:</b> : Food must be delivered between 9:00 AM to 9:30 AM for AM snacks and 11:00 AM to 11:30 AM for Lunch and PM snacks. : Main Course (Meat and Chicken) should have atleast 100 grams cooked weight per serving, vegetables should be 1 cup per serving, dessert should be of proportionate serving. : End-user should inform the service provider of the final menu at least (5) days prior to the conduct of the meeting / activity. And any changes will immediately be coordinated. : Service provider should not make any changes on the final menu / food choices without the approval of the end-user. : Meals should be packaged in a container (may either be: Chaffing Dish, aluminum pans, and thick paperboard pans) that is sturdy, leak and spill-proof. Soup and dessert should be in a separate container. : Service provider must bring the Delivery Receipt, Sales Invoice or Billing Statement and Menu upon delivery to fast track the processing of payments.			
		<b>Purpose:</b> Provision of Catering Services for the participants <b>END USER:</b> PMS (Ref: PR No.: DSWD7-2025-0338)			
(Total Amount in Words)		<b>One Hundred Sixty One Thousand Nine Hundred Pesos</b>		<b>Gross Amount:</b>	<b>161,900.00</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:		Very truly yours,			
 Signature over Printed Name of Supplier		 <b>SHALAINIE MARIE S. LUCERO, CESO III</b> Regional Director			
Date: APR 14 2025					
Funds Available:		<b>PAOLO GILBERTO B. CAPUL, CPA</b> Regional Accountant		ALOBS No.: _____ Amount: _____	

PO No. DSWD7-AMP-2025-150