

Appendix 52

PURCHASE ORDER

Department of Social Welfare and Development
Field Office VII

Cor. MJ Cuenco Ave. & Gen. Maxilom Ave., Cebu City Tel. # 2330261, 2336495 Fax # 4129905, 2321192

Supplier: JOEL'S LECHON MANOK	PO No. FG-17-131	Small value procurement
Address: Poblacion Sigujor, Sigujor	Date: 4/18/2017	
Contact No.: 4809413/ 09173049478	Mode of Procurement	
Contact Person: Pameja	TIN	

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

Place of Delivery: San Juan, Sigujor	Delivery Term: upon actual date of activity
Date of Delivery:	Payment term: within 30 calendar days after the activity & receipt of billing

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
Catering Services					
Title of activity					
Community Driven Enterprise Development Training					
Details: Lunch, AM Snack & PM Snack					
Menu:					
Packed Lunch: Rice, 2 main courses (vegetable, fish, chicken and pork/beef), and soft drinks					
AM/PM Snacks: Variation of pasta/bread/pastries with drinks					
Others: Filtering Coffee/Purified Drinking Water/soft drinks.					
Date of activity:					
	per	April 20-22, 2017	47 pax x 260.00 x 3 days	260.00	37,929.00
	per	April 27-29, 2017	47 pax x 260.00 x 3 days	260.00	37,929.00
	per	May 4-6, 2017	47 pax x 260.00 x 3 days	260.00	37,929.00
	per	May 9-11, 2017	45 pax x 260.00 x 3 days	260.00	37,122.00
Venue: Social Center, San Juan, Sigujor				Total before tax	150,909.00
				9%	4,527.27
				2%	3,018.18
				Total after tax	143,363.55
Purpose: Community Driven Enterprise Development Training on April 20-22, 2017, April 27-29, 2017, May 4-6, 2017, May 9-11, 2017.					
[Ref: PR No.: DSWD7-17-0287]					

(Total Amount in Words) **One hundred fifty thousand nine hundred nine pesos only** Total of tax **143,363.55**

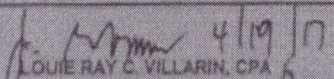
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

Conforms: 
Signature over Printed Name of Supplier

Date _____

Very truly yours,
MA. EVELYN B. MACAPOBRE, CESO III
Director IV

HERMINIA L. CABANIG
UC Assistant Regional Director for Administration

Funds Available:  **4/19/17**
LOUIE RAY C. VILLARIN, CPA
Regional Accountant ALOBS No: _____
Amount: _____