
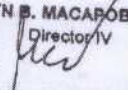
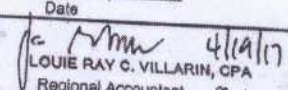


PURCHASE ORDER					
Department of Social Welfare and Development Field Office VII					
cor. MJ Cuenco Ave. & Gen. Maxilom Ave., Cebu City Tel. # 2330261, 2338785 Fax # 4129908, 2321192					
Supplier: <b>MARIKART AND SNACK BAR</b>		PO No. <b>FO-17-137</b>	Date: <b>4/18/2017</b>		
Address: <b>Poblacion Larena, Siquijor</b>		Mode of Procurement:	Small value procurement		
Contact No.: <b>095-338-3890</b>		TIN: <b>933-007-500-001</b>			
Contact Person: <b>Maricar Masayon</b>					
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery:	<b>Social Center, Enrique Villanueva, Siquijor</b>		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
<b>Catering Services</b>					
Title of activity :					
<b>Community Driven Enterprise Development Training</b>					
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: Flowing Coffee/Purified Drinking Water/soft drinks					
Date of activity :					
	pax	April 27-29, 2017	47 pax x 2 4.00 x 3 days	274.00	38,634.00
	pax	April 26-28, 2017	47 pax x 2 4.00 x 3 days	274.00	38,634.00
	pax	May 10-12, 2017	47 pax x 2 4.00 x 3 days	274.00	38,634.00
	pax	May 17-19, 2017	46 pax x 2 4.00 x 3 days	274.00	37,812.00
Venue: Social Center, Enrique Villanueva, Siquijor					
				Total before tax	153,714.00
				5%	6,862.28
				2%	2,744.89
				Total after tax	144,106.88
(Total Amount in Words)		One hundred fifty-three thousand seven hundred fourteen pesos only			
		(Ref. PR No.: DSWD-17-0300)			
		Net of tax			144,106.88

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:  Signature over Printed Name of Supplier	Very truly yours, <b>MA. EVELYN B. MACAROBRE, CESO III</b> Director IV  <b>HERMINIA L. CABAHUG</b> OC- Assistant Regional Director for Administration
Date: _____	
Funds Available:  <b>LOUIE RAY C. VILLARIN, CPA</b> Regional Accountant	ALOBS No.: _____ Amount: _____

AO 6/15/02

PO No. FO-17-137