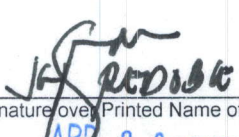
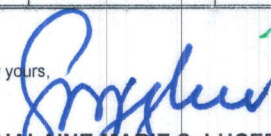
 DSWD Department of Social Welfare and Development		PURCHASE ORDER Department of Social Welfare and Development Field Office VII, Cebu City			
Supplier: JOSEPHINE'S CATERING SERVICES Address: Villa Leyson Subd., Narra St., Blk, 6 Lot 23, Bacayan Cebu City Contact No.: 0942-345-6600 Contact Person: Josephine A. Redoble		PO No. DSWD7-AMP-2025-146 Date: April 3, 2025 Mode of Procurement: NP-Small Value Procurement TIN: 205-154-477-000-0			
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery: DSWD FO VII, 3rd floor AICS Building		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 Quarterly Supervisor's Meeting			
	pax	April 8, 2025	26	950.00	24,700.00
	pax	May 5, 2025	26	950.00	24,700.00
	pax	June 4, 2025	26	950.00	24,700.00
	pax	July 7, 2025	26	950.00	24,700.00
		Meals : Breakfast & Lunch (Individually Served or Packed) Snacks: AM & PM (Individually Served or Packed) Breakfast and Lunch Meal: Soup (should be stock or cream - based, with pieces of meat cuts, may be thick / thin / smooth textured), Rice, 3 Main Dishes: Choices of Beef, Pork, Chicken, and Fish, 1 Vegetable Dish Dessert: Choice of Fresh Tropical Fruits or Pastries or Salads Drinks: (Choices of: 330ml Bottled Natural Juice / Fresh or 240ml Canned Juice)			
		Snacks (AM and PM) Choice of any of the following: (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 Drinks: (Choices of: 330ml Bottled Natural / Fresh Juice or 240ml Canned Juice); for native kakanin, may be paired with either hot chocolate or coffee			
		Other Specifications: 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
		Requirements: : Food must be delivered between 6:00 AM to 7:00 AM for Breakfast, 10:30 AM to 11:30 AM for Lunch and AM snack, 2:00 PM to 3:00 PM for PM Snack. : 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.			
		Purpose: Provision of Catering Services for the participants			
		END USER: Pantawid			
		(Ref: PR No.: DSWD7-2025-0337)			
(Total Amount in Words)		Ninety Eight Thousand Eight Hundred Pesos		Gross Amount:	98,800.00
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.					
Conforme:	 Signature over Printed Name of Supplier Date APR 03 2025		Very truly yours,  SHALAINE MARIE S. LUCERO, CESO III Regional Director		
Funds Available.	PAOLO GILBERTO B. CAPUL, CPA Regional Accountant		ALOBS No. : _____ Amount : _____		