

11027

88

P-55

PURCHASE ORDER

DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT

| | | |
|-------------|---|-------------------------------|
| Supplier : | ARNORES EATERY AND CATERING SERVICES | PO No.: KC-2018-0028 |
| Address : | Catmon, Cebu | Date : February 26, 2018 |
| Contact No. | 0935-243-1254 | Mode of Procurement: Shopping |
| Gentlemen: | mr. Arnold N. Ares | |

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

| | | |
|--------------------|--------------|---|
| Place of Delivery: | Catmon, Cebu | Delivery Term: upon actual conduct of scheduled of activity |
|--------------------|--------------|---|

| | | |
|------------------|--|---|
| Date of Delivery | | Payment Term: 30 days from delivery and final receipt billing of activity |
|------------------|--|---|

| Item No. | Qty. | Unit | Purchaser's Specifications | Unit Cost | Amount |
|----------|------|------|--|-----------|-----------|
| | | | I. Title of Activities: | | |
| 1 | 88 | PAX | Municipal Fiduciary | 270.00 | 23,760.00 |
| | | | II. Catering Services | | |
| | | | •Buffet Lunch : Rice, soup, 2 main dishes (with choices of vegetable, fish, chicken & pork/beef) | | |
| | | | •Natural Juice | | |
| | | | •AM & PM Snacks: Choice of Native Food, Bread and Pastries with drinks | | |
| | | | •Others: Purified Drinking Water | | |
| | | | III. Activity Date: March 15, 2018 | | |
| | | | Municipal Fiduciary must be conducted within the month of March 2018 | | |
| | | | IV. Venue of Activity: | | |
| | | | Catmon, Cebu | | |
| | | | | | 23,760.00 |
| | | | | 3% | 712.80 |
| | | | | 2% | 475.20 |
| | | | | | 1,188.00 |
| | | | PR & RFQ# KC-2018-0028 | | |

| | | | |
|-------------------------|--|------------------|-----------|
| (Total Amount in Words) | Twenty three thousand seven hundred sixty pesos only | Total (less tax) | 22,572.00 |
|-------------------------|--|------------------|-----------|

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:

(Signature over printed name)

MA. EVELYN B. MACAPOBRE, CESO III

Director IV
For the Regional Director
Signature 3/5

| | | |
|------------------|--|----------------|
| Funds Available: | LOUIE RAY C. VILLARIN Accountant III | Amount OR # |
|------------------|--|----------------|

8/2 Apr