PURCHASE ORDER DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT

1, 17.

			IBP Road, Constitution Hil	ls, Quezon City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	#104	9
Supplier: MEYE		EYEI	R'S FOODS AND SERVICES, INC.	PO No. :		2018-02-0057	
Address: Dapita		apitar	n St, Quezon City, Metro Manila	Date :		February 19, 2018	
Tel. No. : 0917-5		17-5	15-0734 (Ms. Nora)	Mode of Procurement :		NP-Small Value	
			2-736-000	mode of Frocurement.		NF-Small value	
Gentler P		rnish	n this office the following articles subject to	the terms and a	-1141		1
Delivery Site:			SWADCAP, Pasong Tamo, Taguig City	Delivery Term:	iditions contained nerein:		
Date of Activity:			February 19-22, 2018	Payment Term:	Fifteen (15) to Thirty (30) days upon completion of supporting documents		
Property No.	Unit		Description		Quantity Unit Amount Amount		
		Tylar Til 11 Solo Fe Fe Fe Fe War All 20 Noon All 20 N	atering Services for BDMD Consultation and Jorkshop 2018 ypes of Serving: Guided buffet, minimum of 3 vand drinks, plated AM & PM snacks ime of Serving: Breakfast 7:00am-8:00am, snact 1:00am to 12:30pm, PM snacks 3:00pm Dinner chedule of Serving: ebruary 19, 2018 - Lunch, PM Snack and Dinne ebruary 20-21, 2018 - Full Meals ebruary 22, 2018 - Breakfast and am snack ***nothing follows*** tote: ubmit menu ree flowing coffee, water and candies / water dispenser 0. 18-0059 NP-Small Value; PR No. 20180	iands, with dessert cks 10am & Lunch 6:00pm - 7:30pm		(package rate)	62,775.00
(Total Amount in Words)			XTY TWO THOUSAND SEVEN HUNDRED SEVENTY FIVE PESOS,			Р	62,775.00
In cas tenth of c reaches other cou	e of failur one perce ten perce urses of a ondition f	re to n ent (0.0 nt (10° ction	make full delivery within the time specified above, the 001) of the cost of the unperformed portion for every %) of the amount of the contract, the Procuring Entity and remedies available under the circumstances. I wment, the supplier/service provider is required to su Purchase Order within three (3) days from the date the	amount of the liquid day of delay. Once th may rescind or term	ated damages e cumulative ninate the con	s shall be at le amount of liqu tract, without	ast equal to one- lidated damages prejudice to
Confo	orme: \(\frac{4}{1} \) ignature (al Cover p	dine NOTA four printed name of Supplier 19/1 Date	Very truly Signature	yours, LEONARD e over Printed National Pro	O C. REYN Name of Aut gram Manager signation	horized Official
Funds Av		J	JUBIE LEAH MAE. S. COLES Te over Printed Name of Chief Accountant/ Head of Accounting Division/Unit	ORS/BURS I Date of the O Amount		101 <u> 01(41</u> 	62,775.00