

IBP Road, Constitution Hills, Quezon City

Supplier:		MELI	LOW JAM CUISINE	PO No. :		2018-07-0743		
Address:		19 Ja Rosa	ade St., Dona Juliana Village, Ortigas Ave. Ext. irio, Pasig City	Date :		July 20, 2018		
Tel. No. :	I. No. : 875-8234/ 09257082770		3234/ 09257082770	Mode of Procurement :		NP-Small Value		
TIN: 108-		108-6	660-068-000					
Gentle F		furni	sh this office the following articles subject to	the terms and con	ditions con	tained herein:		
Place of Delivery: DSWD, KALAHI Conference Room				Delivery Term:				
Date of Delivery:			July 24, 25 and August 14, 2018	Payment Term:	Term: Fifteen (15) to Thirty (30) days upon completion of supporting documents			
Stock / Property No.	Un		Description		Quantity	Unit Amount	Amount	
	lot		Catering Services for Competency Gap Asses Profiling of the KC-NCDDP NPMO Program Staff Venue: KALAHI Conference Room	1	20,500.00	20,500.00		
pa		x I	Date: July 24, 2018 Batch 1 -AM Snack, Lunch a	and PM Snack	25			
		x I	Date: July 25, 2018 Batch 2 -AM Snack, Lunch a	25				
			Date: August 14, 2018 Batch 3 - AM Snack and I	35				
		-	Time of Serving per Batch: 10am AM Snack, 12:0 3:00pm PM Snacks					
/Total A			page 1 of 2 pages	-				
(Total Amount in Words) Twenty Thousand Five Hundred Pesos On			Twenty Thousand Five Hundred Pesos Onl	У		P	20,500.00	
In ca for ever	se of t	failure of de	e to make the full delivery within the time spec lay shall be imposed on the undelivered item/	cified above, a pen	alty of one-	tenth (1/10) of or	ne percent (1%)	
The su	upplie	r/serv	vice provider is required to submit the billing s	statement within fi	ve (5) worki	ng days after the	conduct of the	
Confo	rme:		Myrenyen	Very truly y	ours,	1		
MARIA LOURDES V. CARAMI			USEC. MARIA LOURDES T. JARABE					
Signature over printed name of Supplier AUGUST 6, 2018 Date				Signature over Printed Name of Authorized Official				
				Deputy National Program Director and OIC, KALAHI CIDSS-NCDDP				
				Designation				
und Cluster: 3/0/tro-3-/				ORS/BURS N	o.: 02-161k	CINCODIP-4018-	64BOCE-2	
unds Available:			20,5°0 =	Date of the ORS/BURS:				
			DIESSA J. VILVA CERIAN JUBIE-LEAH MAE. S. COLES	Amount		20,500		
		Signatu	ure over Printed Name of Chief Accountant/					
	***************************************		Head of Accounting Division/Unit					

PURCHASE ORDER

DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT



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Supplier:		MELLOW JAM CUISINE			PO No. :		0040 0= 0= 0	
				- 1	PO No. :		2018-07-0743	
		19 Jade St., Dona Juliana Village, Ortigas Ave. Ext. Rosario, Pasig City			Date :		July 20, 2018	
Tel. No. : 875		875-8	75-8234/ 09257082770 08-660-068-000		Mode of Procurement :		NP-Small Value	
TIN:	TIN: 108							
Gentle		furnis	th this office the following articles subjec	t to t	he terms and con	ditions cor	ntained herein:	
Place of Delivery: DSWD, Auditorium Delivery Term:								
Date of Delivery:			July 24, 25 and August 14, 2018		Payment Term:	Fifteen (15) to Thirty (30) days upon completion of supporting documents		
Stock / Property No.	Un	iit	Description			Quantity	Unit Amount	Amount
		(S	Type of Serving: Plated AM and PM Snacks of Suided Buffet of Lunch, minimum of 3 viands Beef/Pork/Chicken/Fish and Vegetables) Rick NO pork, with Muslim and Seventh Day Adversed meal for Muslim and SDA participants	s (e, De entist s)	esserts and Drinks			
	lo	t v	vith Standby Waiter/ Waitress during the acti	vity				
	pa	×	lote: Service Provider should submit menu f ser	proval of the end-				
		c	other Requirements: Buffet table with elega omplete utensils (plates, glass, spoons and	nt sk forks	irting and)			
			xxxxxxxxxxxxnothing followsxxx	(XXX)	xxxxxx			
		R	Reference PR No.2018061951					
		- 1	OQ NO. 18-0875 NP-Small Value					
			pages 2 of pages 2					
(Total A Wo	mount rds)	in T	wenty Thousand Five Hundred Pesos (Only			Р	20.500.00
In ca	se of f	ailure	to make the full delivery within the time s ay shall be imposed on the undelivered it	peci	fied above, a pen	alty of one-	1 1	,
			ce provider is required to submit the billing			ve (5) worki	ng days after the	conduct of the
activity.						(o) worki	ang days after the	conduct of the
Confo	200	. /	forman .		Very truly ye	ours,	4	
MARIA MUNROES LARAPAN				USEC. MARIA LOURDES T. JARABE				
51	gnature	ovetrp	rinted name of Supplier				nted Name of Autho	
		Al	16497 6,2018		1		l Program Directo HI CIDSS-NCDDI	
			Date		(n -	IVALA	Designation	af.
und Clus	ster:		310100-37		ORS/BURS No	o.: 02-1071		-70 Fe-72
unds Available:		:	20,500 -		ORS/BURS No.: 02-10/15/MODP-2018-03-03-03-03-03-03-03-03-03-03-03-03-03-			
			Mont Care		Amount		20,568	
		a	UBIELEAH MAES COLES				1.32	
	S		e over Printed Name of Chief Accountant/		-			
			Head of Accounting Division/Unit			•		
	- ANTONIO TERRITORIO	- TOP HELD TO THE	от применения применения применения по отгорожительного дирен применения выправления от того от ответствующего от применения поменения поме	ODMIT HILLS	E ATOME EN PROPRIETA EN ESTADO LOS ESTADOS EST	DOCUMENT CONTROL CONTR	AND DESCRIPTION OF SHARE CONTINUES AND ADDRESS OF THE PARTY OF THE PAR	Noverthankovankini sapare Kimelik kindunet o secur
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