PURCHASE ORDER

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100		DEPARTMENT OF SOCIAL WEI IBP Road, Constitution F		NT	并刊	/	
upplier:	MELL	OW JAM CUISINE	PO No. :) No. :		2018-08-0868	
ddress:	19 Jade Street, Dona Juliana Village, Ortigas Avenue Ext., Pasig City		Date :	:		August 10, 2018	
el. No. :	T/F: (+632) 875-8234; 0925-7082770 / 0925-6014097 / 0925-7670214 (Ms. Malou)		Mode of Procurement :		NP-Small Value		
IN:	108-6	60-068-0000					
Gentleme	en: ease furni	sh this office the following articles subject to the	ne terms and conditions	contained	herein:		
elivery Site: SWADCAP Facility, 3rd Avenue, Taguig			Delivery Term:	elivery Term:			
Date of Activity: September 18-22, 2018		Payment Term:	Fifteen (15) to Thirty (30) days upon completion of supporting documents				
Stock / Property No.	Unit	Description	i e censist is to	Quantity	Unit Amount	Amount	
pax		Procurement of Catering Services for the Cond Development Intervention on the Psychosocial Setting for Social Workers	duct of Learning and I Support in Emergency	42	(package rate)	114,000.0	
		Type of Service: Guided Buffet Meals: Guided Buffet for Breakfast, Lunch & Dinner, Plate Rice with 3 viands (fish, chicken, meat) and soup.					
	pax	Vegetable, fresh fruits/dessert and drinks September 18, 2018	0	42			
	pax	Lunch: 11:30am / PM Snack 2:30pm / Dinner 6:0 September 19-21, 2018 Breakfast 6:30am / AM Snack 9:30am / Lunch: 1		42			
	pax	3:00pm / Dinner 6:00pm September 22, 2018					
		Breakfast 6:30am / AM Snack 9:30am Note: Service Provider to submit menu Inclusions:					
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		References: AOQ No. 18-0951 NP-Small Value; PR N	No. 2018062256 Fund	Source: CY 20	018 101 502		
` Wo	mount in ords)	ONE HUNDRED FOURTEEN THOUSAND PES			F		
10 0041 -	£ 44 4 - 5	re to make full delivery within the time specified above, the ame the unperformed portion for every day of delay. Once the cum curing Entity may rescind or terminate the contract, without pre	nulative amount of liquidated da	images reache	es tell beicelli (10	of the amount	
Purchase C	Order within t	payment, the supplier/service provider is required to submit three (3) days from the date the advance copy was served thru	u fax.			signed copy of thi	
The	supplier/se	rvice provider is required to submit the billing statement within	five (5) working days after the				
Conf	forme:	Morrier	Very truly yo		Tenzu,		
	MARIA		Signatur	LEA!	d E. MEJIAS, d Name of Auth	Orized Official	
	Signature o	iver prifited name of Supplier Aug. 22,2018	Signator		Director, SWIDB	~	
		Date		D	esignation /		
Fund Cl	kvailable:	JUBIE LEADWAE, S. COLES	ORS/BURS N Date of the OR Amount	. 0-1	δηιζ ή: Ώς - Ö ζη	114,000.00	
		Signature over Printeb Name of Chief Accountant/ Head of Accounting Division/Unit		emperati massaastaasea	n Autu aprintan an labor dua i da Ministra d	.tr) and the responsable westers	