		PURCHASE		- NIT	^	
		DEPARTMENT OF SOCIAL WEI IBP Road, Constitution I		:N1	#820	1000
upplier:	MEL	LOW JAM CUISINE	PO No.:		2018-08-0919	
ddress:	ss: 19 Jade Street, Dona Juliana Village, Ortigas Avenue Ext., Pasig City		Date :		August 17, 2018	
Tel. No.: T/F: (+632) 875-8234; 0925-70827 0925-7670214 (Ms. Malou)		+632) 875-8234; 0925-7082770 / 0925-6014097 / -7670214 (Ms. Malou)	Mode of Procurement:		NP-Small Value	
îN:	108-6	660-068-0000	The transfer of the contract o			a 47.5 v
Gentlem		$\mathcal{M}\mathcal{A}$ ish this office the following articles subject to th	ne terms and conditions	contained	herein:	
elivery Si		SWADCAP, Taguig City	Delivery Term:			
Date of Activity:		September 3-7, 2018	Payment Term:	Fifteen (15) to Thirty (30) days upon completion of supporting documents		
Stock / Property No.	Unit	Description		Quantity	Unit Amount	Amount
		Catering Services for the-conduct of Consultation Development of HCSSSC (Home Care Support Citizens) Training Module				
		Types of Serving: Guided buffet for Breakfast,/Lui plated for AM & PM snacks Meals: Rice with 3 viands (fish, chicken, meat) an				
		fruits/dessert and drinks. Schedule of Serving:				
	pax	September 3, 2018: Lunch (11:30am), PM Snack Dinner (6:00pm)	(2:30pm) and	25	(package rate)	69,000.0
	pax	September 4-6, 2018: Breakfast (6:30 am), AM S (11:30 am), PM Snack (2:30 p		25		
	pax	September 7, 2018: Breakfast (6:30am) and AM Note: Service provider to submit menu.	Snack (9:30 am)	25		
		Inclusions: Free flowing coffee or tea, candies and water disproom	penser inside the session			
		Buffet set-up with skirting				
		With atleast three (3) well trained waiters in uniform	rm			
		<u> </u>	***	Source: Curren	t 101 MOOE	1
•	mount in	SIXTY NINE THOUSAND PESOS			F	69,000.0
(0.001) o	of the cost of	o make full delivery within the time specified above, the amout the unperformed portion for every day of delay. Once the cum curing Entity may rescind or terminate the contract, without pre	ulative amount of liquidated d	amages reache	s ten percent (109	%) of the amount of
		r payment, the supplier/service provider is required to submit three (3) days from the date the advance copy was served thru		orn Statement	together with the	signed copy of this
The	e supplier/se	rvice provider is required to submit the billing statement within	five (5) working days after the	conduct of the	activity.	
Conf	forme:	Myrana	Very truly yo	ours,	1	
THE STATE OF THE S	MARUA [ounder CARAM		HELEN	Y SUZARA	~ ,
	Signature (over printed name of Supplier	Signatu	re over Printe	d Name of Auth	orized Official
DOCUMENT OF THE PROPERTY OF TH	- 7	stugud 24, 2018 Date	Arm one control of the state of the state of		Director, STB esignation	~ 0
Fund Cl		200000-1-3	ORS/BURS N			0-08-06
Funds A	wailable:	P1.9.000	Date of the OR Amount	S/BURS:		\$ 69,000.00
-		JUBIE LETHANAE, S. COLES			7907.5	

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