		PURCHASE O DEPARTMENT OF SOCIAL WELFA IBP Road, Constitution Hills	RE & DEVELOPMEN	The state of the s	#79	
Supplier:	LA MARILEÑA DINING SERVICES		PO No.:		2018-08-0826	
Address:	Idress: 64 Roxas St., Poblacion II, Marilao, Bulacan		Date :		August 3, 2018	
Tel. No.:	1000 0 1.1 /020 (IM. / Wild) Ci/		Mode of Procurement :		NP - Small Value	
TIN:						
Gentleme Ple		ish this office the following articles subject to the te	erms and conditions of	contained h	erein:	
Place of Activity: Auditorium, DSWD Central Office, Batasan, Quezo			Delivery Term:			
Date of Act	livity:	August 7-8, 2018	Payment Term:	Fifteen (15) to Thirty (30) days upon completion of supporting documents		
Stock / Property No.	Unit	Description .		Quantity	Unit Amount	Amount
	pax pax	No. of Participants: 155 pax Type of Serving: Buffet (minimum of 3 viands with sou plated AM & PM Snacks) NO PORK Schedule of Serving: August 7, 2018: Breakfast (7:00am), AM Snack (9:30a Lunch (12:00noon) and PM Snack (9:3	am), 3:00pm) am), 3:00pm) cloth, set with napkins.	78 77	485.00 485.00 DRRP MOOE	37,830.00 37,345.00
(Total An					\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
Wor	ds)	SEVENTY FIVE THOUSAND ONE HUNDRED S			P	75,175.00
(10%) of the remedies. The sup Confort	me: (Alance gnature ov	e cost of the unperformed portion for every day of delay. Once of the contract, the Procuring Entity may rescind or terminate nder the circumstances. The provider is required to submit the billing statement within five contract of the provider is required to submit the billing statement within five contract of the provider is required to submit the billing statement within five contract of the provider is required to submit the billing statement within five contract of the provider is required to submit the billing statement within five contract of the provider is required to submit the billing statement within five contract of the provider is required to submit the billing statement within five contract of the provider is required to submit the billing statement within five contract of the provider is required to submit the billing statement within five contract of the provider is required to submit the billing statement within five contract of the provider is required to submit the billing statement within five contract of the provider is required to submit the billing statement within five contract of the provider is required to submit the billing statement within five contract of the provider is required to submit the billing statement within five contract of the provider is required to submit the billing statement within five contract of the provider is required to submit the billing statement within five contract of the provider is required to submit the billing statement within five contract of the provider is required to submit the provider is required to submit the billing statement within five contract of the provider is required to submit the provider is r	the cumulative amount of the contract, without prejuve (5) working days after to Very truly y	he conducto OVERLITA V Over Printed Assistant Bure	mages reaches courses of act	BAN porized Official
Fund Clus	ailable:	JUBIE LEAHIMAH, S. COLES Signature over Printed Name of Chief Accountant/ Head of Accounting Division/Unit	ORS/BURS N Date of the OF Amount	04-1	01101-201 010 275 1	19-08-93 19-19-

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