

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT FIELD OFFICE V

Regional Center Site, Rawis, Legazpi City, Albay

PURCHASE ORDER

Supplier:	EMMANUELLE'S CATERING SERVICES	PO. No.:	F-2303-0043
Address:	B' ARRIADA BRGY. 38, LEGAZPI CITY	Date:	March 20, 2023
Contact No.:		Mode of Procurement:	SMALL VALUE PROCUREMENT
Gentlemen:	Please furnish this Office the following articles subject to the terms and conditions contained herein:	Payment Term:	Charge
Place of Delivery:	As specified in the contract	Delivery Term:	
Date of Delivery:	As specified in the contract	For Delivery Schedule and Queries Please Contact C.M.U.:	09636984404

Item No.	Unit	Description	Quantity	Unit Cost	Amount
		PROVISION OF FOOD FOR THE PROJECT MANAGEMENT TEAM (PMT) MEETING ON FAMILY TRACING AND REUNIFICATION (FTR) CUM INITIAL CONSULTATION OF THE PROJECT LINK: FTR SYSTEM AT DSWD RAWIS, LEGAZPI CITY			-
		March 23, 2023			-
	pax	AM Snack, Lunch and PM snack	12	478.00	5,736.00
		Note: The service provider will submit a menu for this activity Guided buffet and dessert Free flowing coffee and drinking water Menu shall include 3 viands (pork, chicken, beef or fish) vegetables, soup and dessert (No dory fish) Can accommodate request of participants with special dietary meals/ non pork eaters			-
		In case of fortuitous event or other circumstances (a) the number of participants si reduced and (b) adjustments / change of dates shall be given consideration, it shall be made prior to the conduct of the activity			-



NOTE: This includes all items you conformed indicated in the RFQ.

Total Amount in Words:	Five Thousand Seven Hundred Thirty Six Pesos and No Centavos	5,736.00
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LIQUIDATED DAMAGES: One-Tenth Of One Percent (0.001) of the cost of the unperformed portion of the contract for every day of delay. Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, the DSWD FOV may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances.

Conforme:

 EMMANUELLE'S CATERING SERVICES Signature over Printed Name of Supplier Date: <u>3/23/23</u>	 NORMAN S. LAURIO Regional Director
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Funds Available:	AMIABELLE N. QUINTANO, CPA Accountant III	ORS No.:	_____
		Amount:	_____