

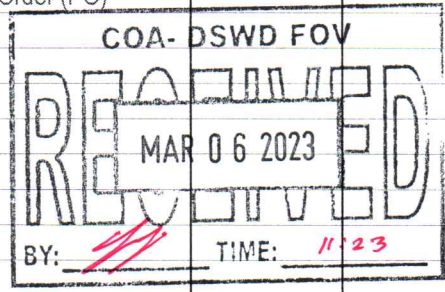
**DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT FIELD OFFICE V**

Regional Center Site, Rawis, Legazpi City, Albay

**PURCHASE ORDER**

Supplier:	<b>NUTRIDENSE FOOD MANUFACTURING CORP.</b>	PO. No.:	<b>NF 2302-0026</b>
Address:	Malanay Santa Barbara, 2419 Pangasinan	Date:	February 09, 2023
Contact No.:		Mode of Procurement:	DIRECT CONTRACTING
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.:	<b>09636984404</b>

Item No.	Unit		Quantity	Unit Cost	Amount
		<b>SUPPLY AND DELIVERY OF RICE AND MONGGO (RIMO) BLEND, CHOCOLATE</b>			
	pack	Rice Mongo Blend, Chocolate, 100g	31320	15.00	469,800.00
<p><b>REMARKS:</b>                      Delivery Date: Fifteen (15) days upon receipt of Purchase Order (PO)</p> <p><b>DISTRIBUTION SCHEME:</b>                      One-Time delivery</p> <p><b>PLACE OF DELIVERY:</b>                      DSWD FO V, Magnolia St. Buraguis Legazpi City</p> <p><b>Other Requirements:</b>                      Expiration date shall be Minimum of (6) Months to One (1) Year Upon Delivery</p>					



Total Amount in Words:	Four Hundred Sixty Nine Thousand Eight Hundred Pesos and No Centavos	<b>469,800.00</b>
------------------------	--	-------------------

**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:

**NUTRIDENSE FOOD MANUFACTURING CORP.**  
 Signature over Printed Name of Supplier

Date: 3/1/23

**NORMAN S. LAURIO**  
 Regional Director

Funds Available:	 <b>AMIABELLE N. QUINTANO, CPA</b> Accountant III	ORS No.: _____
		Amount: _____