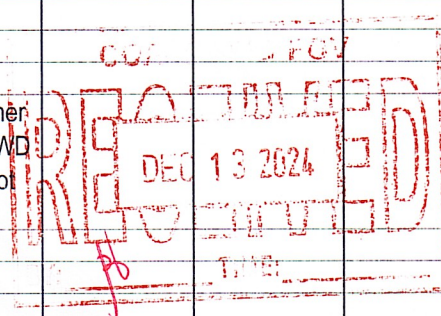


**DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT FIELD OFFICE V**

Regional Center Site, Rawis, Legazpi City, Albay

**PURCHASE ORDER**



Supplier:	<b>BLUE ASH RESTOBAR</b>	PO. No.:	<b>F 2411-0434</b>
Address:	Cruzada, Legazpi City	Date:	November 13, 2024
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		Quantity	Unit Cost	Amount
<b>PROVISION OF INDIVIDUALLY PACKED LUNCH, PM SNACKS AND DINNER FOR EXEMPLARY CHILDREN AND RPMO STAFF DURING THE NATIONAL CHILDREN'S CONGRESS 2024</b>					
		<b>November 17, 2024</b>			
	pax	Lunch (Individually Packed)	20	200.00	4,000.00
		<b>November 17, 2024</b>			
	pax	PM Snacks (Individually Packed)	16	100.00	1,600.00
		<b>November 17, 2024</b>			
	pax	Dinner (Individually Packed)	16	200.00	3,200.00
<p>Note: Please deliver the individually packed Lunch, PM Snacks and Dinner together as a single delivery on <u>November 17, 2024</u>, before 12 nn to DSWD SMU Buraguis, Legazpi City, Albay. Partial or separate deliveries are not allowed.</p>					
					
<p>Contract Management Section            In: <u>12.12.24</u> Date/Time: <u>13:48</u>            Out: _____ Date/Time: _____</p>					
Page 1 of 1					

Total Amount in Words:	Eight Thousand Eight Hundred Pesos and No Centavos	GRAND TOTAL	<b>8,800.00</b>
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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:

 <b>BLUE ASH RESTOBAR</b> Signature over Printed Name of Supplier Date: <u>11/16/24</u>	 <b>NORMAN S. LAURIO</b> Regional Director
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Funds Available:	<b>WENDY G. RANCES</b> Accountant III	ORS No.:	<u>24-12-16542</u>
		Amount:	<u>8,800.00</u>