

Cancelled

**PURCHASE ORDER**  
DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT  
IBP Road, Constitution Hills, Quezon City

#1004

Supplier :	MELLOW JAM CUISINE	PO No. :	2018-10-1202
Address :	19 Jade Street, Dona Juliana Village, Ortigas Avenue Ext., Pasig City	Date :	October 5, 2018
Tel. No. :	T/F: (+632) 875-8234; 0925-7082770 / 0925-6014097 / 0925-7670214 (Ms. Malou)	Mode of Procurement :	NP-Small Value
TIN :	108-660-068-0000		

Gentlemen:  
Please furnish this office the following articles subject to the terms and conditions contained herein:

Delivery Site:	SWADCAP Facility, 3rd Avenue, Taguig	Delivery Term:	
Date of Activity:	06-09 November 2018	Payment Term:	Fifteen (15) to Thirty (30) days upon completion of supporting documents

Stock / Property No.	Unit	Description	Quantity	Unit Amount	Amount
		<b>Catering Services for the conduct of Performance Evaluation Workshop of SIPAG Project</b>			
		Types of Serving: Guided buffet for Breakfast/Lunch/Dinner and plated for AM & PM snacks			
		Meals: Rice with 3 viands (fish, chicken, meat) and soap, vegetable, fresh fruits/dessert and drinks.			
		<b>Schedule of Serving:</b>			
	pax	November 6, 2018: Lunch (11:30am), PM Snack (2:30pm), & Dinner (6:00pm)	45	(package rate)	91,125.00
	pax	November 7-8, 2018: Breakfast (6:30am), AM Snack (9:30am), Lunch (11:30am), PM Snack (2:30pm), & Dinner (6:00pm)	45		
	pax	November 9, 2018: Breakfast (6:30am) and AM Snack (9:30am)	45		
		<i>Note: Service provider to submit menu.</i>			
		Inclusions: Free flowing coffee or tea, candies and water dispenser inside the session room			

References: AOQ No. 18-1213 NP-Small Value; PR No. 2018062005 Fund Source: Current 101 MOOE

(Total Amount in Words)	NINETY ONE THOUSAND ONE HUNDRED TWENTY FIVE PESOS	P	91,125.00
-------------------------	---	---	-----------

In case of failure to make full delivery within the time specified above, the amount of the liquidated damages shall be at least equal to one-tenth of one percent (0.001) of the cost of the unperformed portion for every day of delay. Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, the Procuring Entity may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances.

As a condition for payment, the supplier/service provider is required to submit the duly notarized Omnibus Sworn Statement together with the signed copy of this Purchase Order within three (3) days from the date the advance copy was served thru fax.

The supplier/service provider is required to submit the billing statement within five (5) working days after the conduct of the activity.

Conforme:

\_\_\_\_\_  
Signature over printed name of Supplier

\_\_\_\_\_  
Date

Very truly yours,

**HELEN Y. SUZARA**  
Signature over Printed Name of Authorized Official  
OC Director, STB

\_\_\_\_\_  
Designation

Fund Cluster: \_\_\_\_\_

Funds Available: \_\_\_\_\_

**JUBIE LEAH MAE, S. COLES**  
Signature over Printed Name of Chief Accountant/  
Head of Accounting Division/Unit

ORS/BURS No.: \_\_\_\_\_

Date of the ORS/BURS: \_\_\_\_\_

Amount: \_\_\_\_\_ 91,125.00