PURCHASE ORDER

Department of Social Welfare and Development Cordillera Administrative Office

						Annex G-5	
Supplier Address		ANTIPOLO ASIPULO IFUGAO		Purchase Order No.		2022-08-542	
				Date		25-Aug-22	
				Mode of Proc	Mode of Procurement		
Gentlem		se furnish this office the	e following articles subject to the terms and cond	litions herein.		SVP	
Place of Delivery		AS INDICATED		Delivery Term:	Complete		
Date of Delivery		AS SCHEDULED		Payment Term:			
LOT NO.				OTY	Unit	Total	
	Unit		Description	QTY	Cost	Cost	
		Redress Syster	ICES RE: KALAHI CIDSS Training on Grievance n for Community Volunteers - Asipulo, Ifugao				
			entative Date: October 04, 2022			-	
	serving	AM Snack		34 🔪	80.00	2,720.00	
	serving	Lunch		34	150.00	5,100.00	
	serving	PM Snack		34	80.00	2,720.00	
			OTHER REQUIREMENTS		COMPLIANCE		
		A. Food station must be ma	anned by restaurant crew or personnel and meals and snacks	should be	/		
		individually packed using biodegradable packaging materials.			_ v		
		preferably indigenous or he indicated Menu is not avail the end-user Note: a) creamer, sugar, and the procurement b.) Portioning or serving of	ombination of two viands (1 meat/fish and 1 vegetable). AM alealthy snacks with a glass of coconut water or natural fruit-infulable, please attach the proposed menu with serving details to like are preferred to be in a canister rather than in a sachet to meals is based on standard and applicable food measurement with 1 slice of riped mango)	sed juice. If be concurred by a comply with green	~		
			coffee/lemon grass tea and mineral water		✓		
		D. Service Provider shall be in charge of the collection and disposal of plastic/plates/containers/ utensils.			✓		
		E. The place of delivery of the goods / services is within ASIPULO, IFUGAO.			✓		
		PAYMENT WILL BE BASED ON THE ACTUAL NUMBER OF PARTICIPANTS.					
(Amount in words)		TOTAL 10,540.0 Ten Thousand Five Hundred Forty Pesos Only					
	e of failure to r	nake the full delivery with	nin the time specified above, a penalty of one-tenth (1/imposed on the undelivered item/s.	(10) of one percer	nt for every day of	delay shall be	
Conforme:				LEO L. QUINTILLA			
(Signature over Pi		rinted Name)	Date	Signature over Printed Name of Authorized Official Regional Director Designation			
Bank Account Name			Bank Account Number		Doughation		
ő	TIN Number	*please tick tax type [] vat [] non-vat	Date of BIR Registration				
Fund Cluster:				ORS/ BURS No	: 22-08-010	614	
unds Avai		MAN			s/ BURS: <u>AUG </u>		
	WILBOURN B ACCOUNTAN	BACOLONG		Amount:10,540.00			
B/kenieth		\bigcup					