

PURCHASE ORDER

PROVINCIAL GOVERNMENT OF DAVAO DEL SUR Matti, Digos City

744

ALDRED'S EVENT CATERING SERVICES

G-052B-24CB

2024

Supplier: Address:

Matti, Digos City

Date:

P.O. No.:

Email/Tel#:

n/a / 09993499769

Mode of Procurement : Competitive Bidding

T.I.N:

743-865-121-000 0287-CB-24 02/22/2024 End-User:

PSWDO

PR. No./Date Gentlemen:

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

Place of Delivery:

at the place of activity

Delivery Term :

FOB Destination

Payment Term :

Credit Basis

1	
1	
1	

1 1000 0.			Payment rem	11 .	010011	
Date of I	Delivery:	per schedule of activity				Total Cost
Item No.	Unit	Item and Description	Brand Name (if Applicable)	Qty	Unit Cost	
		(D. 5-4 Chila)		75	390.00	29,250.00
3.	heads	Catering Services 1 Meal & 2 Snacks (Buffet Style) Lunch Menu: -tinolang manok (native), fish fillet, chopsuey (seafoods flavor), rice, assorted softdrinks (atleast 190ml), drinking waater to be serve in glass, fresh fruits banana/watermelon/pineapple a.m snacks -pizza overload (non pork) softdrinks (atleast 190ml) p.m snacks -buko pie, softdrinks (atleast 190ml) -x-x-x-x-x-x-x-x-nothingfollows-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x	,			
	The second	to the second of fork				

-use of stainless steel, wooden/bamboo, spoon & fork. -use of glass, disposable paper cup instead of disposable plastic cup. -use of stainless teaspoon, wooden popsicles sticks instead of

plastic stirrer. -use of paper straw instead of plastic straw.

-reduce usage of disposable containers for food, drink & condiments.

FOR THE USE OF WOMEN'S WELFARE PROGRAM C.Y 2024 LGDF GEN FUND -GAD PROGRAM SUPPORT TO WOMEN'S WELFARE PROGRAM ACCOUNT CODE: 5-02-99-030 REPRESENTATION EXPENSES 7919

The Supplier shall notify the PGSO a day before the actual delivery.

Reminder:

Delivery shall be made not later than 12:00 noon

TOTAL

29,250.00

Twenty Nine Thousand Two Hundred Fifty Pesos In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for everyday of delay shall be imposed.

CUNICE ALL ENT B. TORRES Conforme

ALDRED'S EVEN BEATERING SERVICES Signature over Printed Name / Date

AMIA ny

YVONNE ROÑA CAGAS Governor p

Very truly yours

Date CAFOA No. 489-7-24-101-1

Funds Available