

PURCHASE ORDER

Department of Social and Welfare and Development
 Food Price Regulation PABRDA

24-09-1704

MAMA'S CATERING SERVICES

Supplier Name: **MAMA'S CATERING SERVICES**
 Address: **P-4, BRIGAD ALYAN SEKOLAH, 6011**
 T.N: **969-4122-159-00001**
 PHILIPS No: **999921**


Purchase Order No: **24-09-1704**
 Date: **2024-09-27**
 Mode of Procurement: **RF Small Value Procurement**

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


Place of Delivery: **SDR** Payment Term: Within the day of the specified date of contract
 Date of Delivery: **October 23, 2024** Payment Term: Within 30 working days after receipt of SOA and bill of lading with bill of lading (if applicable)

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	Meal	3 Meals and 2 Snacks without Billing for 2 days	70	1,050.00	147,000.00
2	Meal	2 Meals and 2 Snacks without Billing	70	750.00	52,500.00
<p>3 MEALS & 2 SNACKS w/out BILLING (2024) 70 1,050 147,000</p> <p>2 MEALS & 2 SNACKS w/out BILLING 70 750 52,500</p> <p>MENU</p> <p>2 Main dish, 1 side dish, dessert/fruits, beverages, Rice, Snacks with drinks</p>					
<p><i>* National Implementation of Proact ProTECT: Psychosocial Support and other interventions for Adolescent mothers and Their Families and Provision and other Interventions for Adolescent Mothers and Their Families from Provision of Subsidy to Teenage Mother*</i></p>					
<p>(Total Amount in Words) ONE HUNDRED NINETY NINE THOUSAND FIVE HUNDRED PESOS ONLY</p>					<p>TOTAL 199,500.00</p>

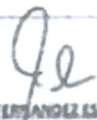
COMMISSION ON AUDIT
OF THE GOVERNMENT OF PHILIPPINES
OFFICE OF THE AUDITOR
RECEIVED

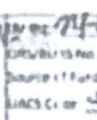
DATE: 10/10/2024 TIME: _____
 BY: 

In case of failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one percent for every day of delay shall be imposed.

Confirms:  **RAJENE T. OPIRANO**
 Legible Clear Printed Name of Supplier Date: **10-9-24**

Very truly yours, **MARILYN A. DOLAGA UBANG**
 Signature: Clear Print of Name of Authorized Officer

Signature:  **TRISTAN C. TELEN P.D.**
 Legible Clear Printed Name of Accounting Officer/Unit Date: _____

Signature:  **GRETCHEN LEE ANDRESKALA**
 Legible Clear Printed Name of Chief Accountant/Head of Accounting Division/Unit Date: **10/9**

Amount: **199,500.00**

This agency adheres to "NO GIFT ALLOWED" policy pursuant to the provision of RA 6713 known as the Code of Conduct and Ethical Standards for Public Officials and Employees.

** To give your receipt/ payment pay my first in the following PO (PRICE) PURCHASE ORDER NUMBER and send to (271228753) **