

# PURCHASE ORDER

## CITY OF CALAPAN

Supplier : <b>BELLA BRIANA CATERING SERVICES</b>	P.O No. : <u>0320</u>
Address : Santiago, Naujan, Oriental Mindoro	Date : <u>03-06-23</u>
TIN : <u>476-448-999-000</u>	Mode of Procurement : <b>Small Value</b>
	PR No./s: <u>0250</u>

Gentlemen:

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

Place of Delivery : CHSD	Delivery Term: <b>FOB Destination</b>
Date of Delivery : within 30 days upon receipt of P.O.	Payment Term: <b>N/60</b>

Stock/ Property No.	UNIT	ITEM & DESCRIPTION	QTY.	UNIT COST	TOTAL COST
1	pxs	AM Snacks - Bloodletting Program	400	74.75	29,900.00
2	pxs	Lunch - Bloodletting Program	100	180.00	18,000.00
3	pxs	PM Snacks - Bloodletting Program	100	74.75	7,475.00
4	pcs	Balot for blood donors	800	34.50	27,600.00
5	pxs	AM Snacks - Cervical Cancer Awareness	250	74.75	18,687.50
6	pxs	AM Snacks - Dental Program	100	74.75	7,475.00
7	pxs	Tamang Kalinga Program	650	180.00	117,000.00
		Menu: March 15, 2023			
		AM Snacks			
		Ham and Cheese Sandwich			
		Lunch:			
		rice, chicken pastel, mineral water			
		PM Snacks:			
		Carbonara, sliced bread, pineapple juice			
		<b>TOTAL</b>			<b>226,137.50</b>

**(Total Amount in Words): Two hundred twenty six thousand one hundred thirty seven & 50/100.**

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

Very Truly yours,

  
**MARILOU F. MORILLO**  
 City Mayor

Conforme:

  
**KATELYN MARIE TABERNA**  
 BELLA BRIANA CATERING SERVICES

*Signature Over Printed Name of Supplier*