

PURCHASE ORDER

Province of Davao de Oro
 Agency/Procuring Entity

OCT 14 2024

Supplier: JEMAR CATERING SERVICES Address: PUROK 18, POBLACION, NABUNTURAN, DAVAO DE ORO E-mail Address: Tel. No.: TIN: 460-095-388-000	PO Number: 24091579 Date: 09/27/24 Mode of Procurement: SVP PR Number: 24-C1648
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Gentlemen:
 Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: Venue: Within Davao de Oro	Delivery Term:
Date of Delivery: As per activity	Payment Term:

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
1	35281N	head/s	252.00	Meal A (Buffet) Two (2) viands of meat (1 fish/seafood and 1 either pork, beef or chicken); One (1) viand of vegetables/soup One (1) serving of rice One (1) serving of dessert/fruits One (1) bottled cold drink (Soda or juice) One (1) bottled Drinking Water 350ml Other Conditions: * Flowing coffee with sugar and creamer should be made available during the entire event	345.00	86,940.00
2	35289N	head/s	372.00	Snack B (light) Sliced cake/sandwich Drinks (coffee/milo/juice/softdrinks) Drinking water 350ml Observance of No Plastic Policy Progress Billing FOR USE OF PENRO (4th quarter) THE AWARD IS BASED ON ABSTRACT NO. 2409136 UNDER REQUEST FOR QUOTATION NO.09-24-3049 OPENED ON September 24, 2024	170.00	63,240.00

0250153133



Total Amount in Words: One Hundred Fifty Thousand One Hundred Eighty Pesos Only	150,180.00
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In case of failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Conform *[Signature]*
 Signature over printed name of _____
 Date 10-16-24

Very truly

DOROTHY M. GONZAGA By Authority of the Governor
 Governor
 Authorized Official
[Signature]
 RODYLLJAN M. [Signature]

GENERAL
 OBR No.: 0920-10-24-105
 Responsibility Center:
 Amount: 150,180.00

(In case of Negotiated Purchase pursuant to section 369(a) of RA 7180, this portion must be
 Approved per Sanggunian Resolution _____ Date _____
 Certified _____