



Cordillera Administrative Regional Office
Baguio City

4/30
5:01 Appenax 01
Z

PURCHASE ORDER
DOH- CAR
Entity Name

| | |
|--|--------------------------------------|
| Supplier : GABLET'S CATERING SERVICES | P.O. No. : 21-335 |
| Address : 145 Military Cut-Off, Baguio City (0918-9400-053/620-5283) | Date : 29-Apr-21 |
| TIN : 934-201-779-000 NV | Mode of Procurement : Public Bidding |

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

| | |
|--|------------------------|
| Place of Delivery : DOH-CHD-CAR, Baguio City | Delivery Term : CHARGE |
| Date of Delivery : May to December 2021 | Payment Term : CHARGE |

| Stock/ Property No. | Unit | Description | Quantity | Unit Cost | Amount |
|---------------------|------|--|----------|-----------|-----------|
| | | PR 21-049 | | | |
| | | Catering Services | | | |
| | | May to December 2021: 8 months | | | |
| | pax | Lunch | 20 | 150.00 | 24,000.00 |
| | | CONDITIONS: | | | |
| | | Free flowing Cordillera brewed coffee with creamer (no 3-in-1 instant coffee) and tea (i.e. mountain tea, lemon grass), muscovado or brown sugar | | | |
| | | Menu shall be of low fat, low salt, high fiber diet and without preservatives. | | | |
| | | Caterer to attach list of menus, three (3) meals Monday to Friday | | | |
| | | Single-use plastic coffee stirrers are not allowed, instead, wooden stirrers shall be used. Use of coffee cups/mugs. | | | |
| | | Purpose: For the conduct of monthly Kapihan sa Baguio: Forum on Health Events on various dates from May to December 2021 in Baguio City | | | |

| | | | | | |
|--------------|--|--|--|--|------------------|
| FS. HEPO | | | | | |
| TOTAL | | Twenty Four Thousand Pesos Only | | | 24,000.00 |

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 on the undelivered item/s.

This Office reserves the right to cancel this Purchase Order

Conforme:
Marlyn B. Larding
Signature over Printed Name of Supplier
Date: May 5, 2021

Very truly yours,
Ruby C. Constantino
RUBY C. CONSTANTINO, MD, MPH, CESO IV
Director IV

| | |
|------------------------------------|---|
| Fund Cluster : 01 | ORS/BURS No. : <u>02-101101-21-041332</u> |
| Funds Available : <u>24,000.00</u> | Date of the ORS/BURS: <u>4/30/21</u> |
| | Amount : <u>24,000.00</u> |