



PURCHASE ORDER

PO Number PO000267

(Please quote this number on all related correspondence, delivery/shipping papers and invoice)

<p>TO: PIECE OF CAKE ENTERPRISES</p> <p>Contact Name: Tel No.: TIN: 160469915000</p>	<p>DELIVER/SHIP TO: Bases Conversion and Development Authority 2F Bonifacio Technology Center 31st Street corner 2nd Avenue BGC Taguig NCR 1634</p> <p>Contact Name: Procurement Division Tel No.: 575-1700 Fax No.: 816-0978 TIN: 002-219-694-000</p>
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PO Date of Approval	PR No.	Requesting Department	Mode of Procurement	Date of Delivery	Delivery Term	Payment Term
5/28/2018 5/28/18	0000157		SVP	5/28/2018	3 days	COD

Item	Quantity	Unit	Description	Unit Cost	Amount
1	1.00	LOT	CATERING SERVICES-REP, (BUFFET LUNCH FOR 150 ANY APPROPRIATE MENU, WATER, FLOWING COFFEE AND ASSORTED DRINK SODA OR JUICE, PAX AND PM SNACK FOR 180 PAX ANY APPROPRIATE MENU, WATER, FLOWING COFFEE AND ASSORTED DRINK LIKE SODA OR JUICE)	90,000.00	90,000.00

*Catering services for the AFP Northern Luzon Command (AFP-NOLCOM)
Lunch Buffet for 150 pax
PM Snack
with Flowing coffee*

NOTE: PAD- AFP NOLCOM FORUM
PURCHASE REQUEST NO 000253

PESOS: NINETY THOUSAND AND 00/100 PESOS ONLY	90,000.00
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Terms and Conditions:

This Purchase Order (PO) shall be governed by the General Terms and Conditions printed at the back hereof

Note: Please attach the original copy of this order together with the DELIVERY RECEIPT and SALES INVOICE in the triplicate.

FUNDS AVAILABLE:

HEDDAY RULONA
 DMIII, Budget Department

Approved by:

BGEN CARLOS F. QUITA (RET)
 VP-CSG

Recommended by:

Manager, PPMD



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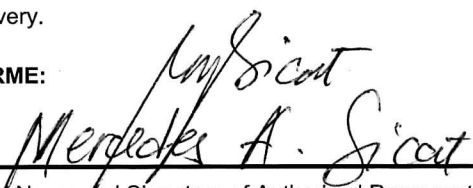
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I hereby certify that I am authorized representative of the company and that by affixing my signature, it shall bind the company I am representing to the terms and conditions of the PO and all applicable provisions of RA 9184 and its revised IRR and other applicable government rules.

I further certify that the above prices, which were quoted in the Request for Quotation (RFQ), are inclusive of all taxes, freight, insurance and all other incidental expenses necessary for its delivery.

CONFORME:

Meredes A. Sicat

 Printed Name and Signature of Authorized Representative

Date Received: 5/27/18

(The supplier shall sign and return the acknowledgement copy to BCDA-Procurement or through fax within five (5) working days after issuance.)

KINDLY REFAX TO 5751785 OR EMAIL TO ifdavid@bcda.gov.ph THANKS.