



PURCHASE ORDER

Supplier : AMARIAH CATERING SERVICES	P.O. Number: 2025061739
Address : PRK GARCIA ZONE II MANKILAM 8100 CITY TAGUM DAVAO DEL NORTE PHILIPPINES	
TIN: 644-676-235-00000	Date : Jun 03, 2025
PhilGEPS Registration No. : 416073	P.R. No. : 2025052893
Tel./Mobile/Fax No. : 09917171888	Procurement mode: Negotiated Procurement - Small Value Procurement
Registration Certificate : DTI	
Req. Office : Provincial Disaster Risk Reduction Management	

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

Date of Delivery : _____	Payment Term : ON ACCOUNT	Delivery Term: On the Day of Activity
Place of Delivery : ON SITE		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	160.00 PAX	REGULAR MEAL 3 - 1 Meal and 2 Snacks 10 PAX per day (16 days) Menu: Am Snacks: Chicken Burger, Softdrinks Lunch: Rice, Beef Steak, Lumpia Shanghai Chicken, Sofdrinks,Fruits Pm Snacks: Fluppy Mamon, Softdrinks Packed Lunch depending on the nature/set up of the activity	320.00	51,200.00

Remarks :
LOCATION: TAGUM CITY, ISLAND GARDEN CITY OF SAMAL AND PANABO CITY

The award is based on Abstract No. **0520251533** created on **May 27, 2025** under Quotation No. **S20251974** opened on **May 22, 2025**

TO BE USED DURING THE CONDUCT OF WATER TESTING AND MAINTENANCE OF ALL WATER ASSETS FOR SEARCH, RESCUE AND RETRIEVAL OPERATIONS MAY TO DECEMBER 2025	
Grand Total Amount in Words : FIFTY-ONE THOUSAND TWO HUNDRED AND XX / 100	GRAND TOTAL : P 51,200.00

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.

I hereby conform that **NOTICE TO DELIVER** shall be served to the **PLACE OF DELIVERY** stated herein **three (3) days before the actual delivery of the item/s covered by this Purchase Order.**

Conforme : _____ (Signature over printed name) Ce/13/25 _____ (Date)	Very truly yours, _____ GALE GABALUPE G. MORILLERO, MSURG, NIPOM Assistant Provincial Administrator (Administration) EDWIN I. JUBAHIB Governor _____ (Date)
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NOTE: This is an important paper and will cause great inconvenience if lost. Claim for payment from the Provincial Treasurer supported by this form to be attached to the voucher.

RHEA GIN M. RAMOS