



PURCHASE ORDER
 Department of Education
 National Capital Region
 DepEd - Muntinlupa City

Supplier : **BALAI BAGNET FOOD HUB**
 Address : 188 San Guillermo St. Putatan, Muntinlupa City

P.O. No. : **PO-RFQ-2025-08-0004**
 Date : **08/12/25**
 Mode of Procurement : **SMALL VALUE PROCUREMENT**

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

Place of Delivery : **Sucal Senior High School**
 Date of Delivery : **on August 14 & 15, 2025**

Delivery Term : **Delivered At Place**

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
		DIVISION ORIENTATION ON THE ARAL LAW, OBJECTIVES, IMPLEMENTATION GUIDELINES AND FUNDING PROVISION			
	pax	14-Aug-25	100	₱ 400.00	₱ 40,000.00
		AM SNACKS			
		Spaghetti with Hash brown			
		Bottled Water (500 ml)			
		LUNCH			
		Pork Pepper Corn			
		Fried Fish			
		Rice			
		Bottled Water (500 ml)			
		Fruit Salad			
		PM SNACKS			
		Special Puto Palitaw with Overload Toppings			
		Bottled Water (500 ml)			
		*with overflowing coffee and candies			
		*Delivery Venue: Sucal Senior High School			
	pax	15-Aug-25	100	₱ 400.00	₱ 40,000.00
		AM SNACKS			
		Chicken Lugaw with Boiled Egg			
		Bottled Water (500 ml)			
		LUNCH			
		Pork Mechado			
		Fish Fillet			
		Rice			
		Bottled Water (500 ml)			
		Fruit Salad			
		PM SNACKS			
		Clubhouse Sandwich			
		Bottled Water (500 ml)			
		*with overflowing coffee and candies			
		*Delivery Venue: Sucal Senior High School			
					₱ 80,000.00

(Total Amount in Words) EIGHTY THOUSAND PESOS

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.

Conforme:

[Signature]
 Signature over Printed Name of Supplier
 Date: **8/12/25**

Very truly yours,

[Signature]
VIOLETA M. GONZALES CESO VI
 Assistant Schools Division Superintendent
 Officer-In-Charge
 Office of the Schools Division Superintendent

Fund Cluster : _____

Funds Available : _____
[Signature]
 Signature over Printed Name of Chief Accountant/
 Head of Accounting Division/Unit

ORS/BURS No. : _____

Date of the ORS/BURS: _____

Amount : _____