



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

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

P.O. No.: **PO-RFQ-2025-08-0005**
 Date: **08/18/25**
 Mode of Procurement: **SMALL VALUE PROCUREMENT**

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

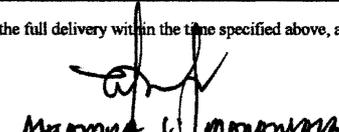
Place of Delivery: Schools Division Office
 Date of Delivery: on August 26 & 27, 2025
 Delivery Term: Delivered At Place

Stock Property No.	Unit	Description	Quantity	Unit Cost	Amount
		REINFORCING THE ADOPTION OF BASIC EDUCATION MONITORING AND EVALUATION FRAMEWORK CUM WORKSHOP ON THE CRAFTING OF MSE PLAN			
	pax	26-Aug-25	58	P 450.00	P 26,100.00
		AM SNACKS			
		Spaghetti with toasted bread			
		Bottled Water (500 ml)			
		LUNCH			
		Cordon Bleu			
		Hamonac			
		Steamed broccoli & Carrots			
		Rice			
		Bottled Water (500 ml)			
		Buko Pandan			
		PM SNACKS			
		Tuna Sandwich			
		Bottled Water (500 ml)			
		*with overflowing coffee and candies			
	pax	27-Aug-25	58	P 450.00	P 26,100.00
		AM SNACKS			
		Chicken Lugaw w/ boiled egg			
		Bottled Water (500 ml)			
		LUNCH			
		Chicken with Creamy Mushroom			
		Embotido			
		Mix vegetable with quail egg			
		Rice			
		Bottled Water (500 ml)			
		Coffee Jelly			
		PM SNACKS			
		Clubhouse Sandwich			
		Bottled Water (500 ml)			
		*with overflowing coffee and candies			
					P 52,200.00

(Total Amount in Words) FIFTY TWO THOUSAND TWO HUNDRED 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 over Printed Name of Supplier

 Date: 8/18/25

Very truly yours,


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

Fund Cluster : _____
 Funds Available : _____

 Signature over Printed Name of Chief Accountant/
 Head of Accounting Division/Unit

ORS/BURS No. : _____
 Date of the ORS/BURS: _____
 Amount : _____