Appendix 61

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

Supplier : **EAT AND DINE FOODHUB**
Address : R. Building, Gentri Heights Subd. General Trias, Cavite

P.O. No. : **PO-RFQ-2025-09-0001**
Date : **09/05/25**
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 September 8 & 9, 2025
Delivery Term : Delivered At Place

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
		CONDUCT OF BE PROTECTED V: CAPACITY BUILDING ACTIVITY FOR LEARNER RIGHTS AND PROTECTION (LRP) CHAMPIONS			
	pax	**08-Sep-25**	70	₱ 350.00	₱ 24,500.00
		AM SNACKS			
		Spaghetti with toasted bread			
		Bottled Water (500 ml)			
		LUNCH			
		Cordon Bleu			
		Hamonado			
		Rice			
		Bottled Water (500 ml)			
		Buko Pandan			
		PM SNACKS			
		Tuna Sandwich			
		Bottled Water (500 ml)			
		*with overflowing coffee and candies			
	pax	**09-Sep-25**	70	₱ 350.00	₱ 24,500.00
		AM SNACKS			
		Chicken Lugaw w/ boiled egg			
		Bottled Water (500 ml)			
		LUNCH			
		Chicken with Creamy Mushroom			
		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			
					₱ 49,000.00

(Total Amount in Words) **FORTY NINE 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 over Printed Name of Supplier
NICHOLAS B. VITALES
Date SEPT. 5/25

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 : _____

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

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