

## PURCHASE ORDER SLSU-Sogod Main Campus

Entity Name

Supplier : <b>MR CHEF RESTAURANT</b> Address : <b>Sogod, So. Leyte</b> TIN :	P.O. No. : <b>2020-04- 0212-J</b> Date : <b>April 22, 2020</b> Mode of Procurement : <b>Negotiated Procurement - Emergency cases</b>
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Furnish this Office the following articles subject to the terms and conditions contained herein:

<b>SLSU-Sogod</b> 5 working days after receipt of approved PO	Delivery Term : <b>Free delivery</b> Payment Term : <b>15 days after delivery</b>
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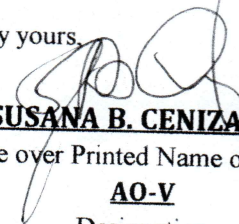
Unit	Description	Quantity	Unit Cost	Amount
pax	AM Snacks Menu: Canton, Camote, Healthy Juice	40	60.00	2,400.00
pax	PM Snacks Menu: Law-oy, Utan Guisado, Humba, Healthy Juice, Rice, Fruits	40	180.00	7,200.00

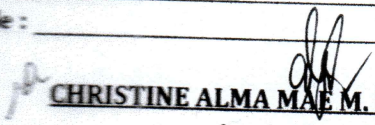
PAID

20-04-0164	to be served during the post ECQ and SLSU recovery plan	
Amount in Words: <b>Nine Thousand Six Hundred Pesos Only</b>		9,600.00

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 on the undelivered item/s.

refer to billing statement  
**MR CHEF RESTAURANT**  
 Signature over Printed Name of Supplier  
 \_\_\_\_\_  
 Date

Very truly yours,  
  
**SUSANA B. CENIZA, MM**  
 Signature over Printed Name of Authorized  
**AO-V**  
 Designation

Fund Cluster : _____ Funds Available : _____  <b>CHRISTINE ALMA MAE M. DAGUPLO, CPA</b> Accountant III Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit	ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____
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