

**PURCHASE ORDER**  
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

|                 |                                                                         |                       |                 |
|-----------------|-------------------------------------------------------------------------|-----------------------|-----------------|
| Supplier :      | <b>PLEY- TO FOOD HOUSE</b>                                              | P.O. No. :            | <b>25030945</b> |
| Address :       | <b>1103 Vicente Basit St. Brgy. VII (Pob.)<br/>Daet Camarines Norte</b> | Date :                | <b>03-28-25</b> |
| Telephone No. : |                                                                         | Mode of Procurement : | <b>SVP</b>      |
| TIN :           | <b>931-785-146-000</b>                                                  |                       |                 |

Gentlemen:

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

| Place of Delivery : <b>GO PPOC</b>                |          |            | Delivery Term : <b>6100</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |            |
|---------------------------------------------------|----------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| Date of Delivery : <b>04/01/2025 - 05/31/2025</b> |          |            | Payment Term: <b>FULL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |            |
| Item No.                                          | Quantity | Unit Issue | ITEM DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Amount    |            |
|                                                   |          |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Unit Cost | Total Cost |
| 1                                                 | 1681     | pax        | <p style="text-align: center;"><b>MEALS AND SNACKS</b><br/><b>M E N U</b><br/>Option #1<br/><b>SNACKS</b><br/>Pansit, Bottled Water<br/><b>LUNCH</b><br/>Adobo, Rice, Mixed Vegetables, Bottled Water<br/><b>SNACKS</b><br/>Sandwich, Bottled Water<br/>Option #2<br/><b>SNACKS</b><br/>Sandwich, Bottled Water<br/><b>LUNCH</b><br/>Fried Chicken, Rice, Buttered Potato, Bottled Water<br/><b>SNACKS</b><br/>Pansit, Bottled Water<br/>Option #3<br/><b>SNACKS</b><br/>Sandwich, Bottled Water<br/><b>LUNCH</b><br/>Menudo, Rice, Mixed Vegetables, Bottled Water<br/><b>SNACKS</b><br/>Bihon, Bottled Water</p> <p style="text-align: center;"><i>for Various Meeting</i></p> | 349.00    | 586,669.00 |

|                                                                                                  |                   |
|--------------------------------------------------------------------------------------------------|-------------------|
| Total amount in words: <b>Five Hundred Eighty Six Thousand Six Hundred Sixty Nine Pesos Only</b> | <b>586,669.00</b> |
|--------------------------------------------------------------------------------------------------|-------------------|

In case of failure to deliver within the time specified above, penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.

Very truly yours,

Conforme:

FLORDELIZA E. ABOGADO

Signature over printed name of Supplier

03-31-25

Date

**RICARTE R. PADILLA**

Governor