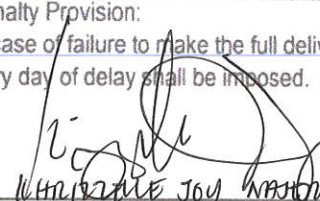
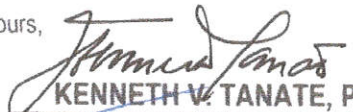


**JOB ORDER**

<b>1</b> Supplier/Provider: <b>SPICE CUISINE FOOD SERVICES INC.</b> Address: <b>Mandaluyong City</b> Tel./Fax No.: <b>531-1682</b> TIN: <b>009-845-449-000</b>				<b>2</b> J. O. Number: <b>201906-0101</b> Date: <b>June 4, 2019</b> P.R. No.: <b>201905-0141</b> Date: <b>May 27, 2019</b> Mode of Procurement: <b>NP-SVP</b>		
<b>3</b> Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein						
<b>Item No.</b>	<b>Stock No.</b>	<b>Qty</b>	<b>Unit</b>	<b>Item Description</b>	<b>Cost</b>	
					<b>Unit</b>	<b>Total</b>
1		1	lot	<b>Provision of Catering Services for the Conduct of Familiarization Training on R.A 9184 and its Revised Implementing Rules and Regulations on 10-11 June 2019</b> <i>(Please see attached signed Terms of Reference)</i>		59,500.00
Amount in Words: <b>Fifty-Nine Thousand Five Hundred Pesos</b>				Total: <b>59,500.00</b>		
				*Subject to Applicable Taxes <b>-</b>		
				GROSS <b>59,500.00</b>		
<b>4</b> Place of Delivery: <b>PCC</b>		Delivery Term: <input type="checkbox"/> - Pick-up <input type="checkbox"/> - Deliver w/in 30 business days from receipt of JO				
Date of Delivery/Completion: <b>10-11 June 2019</b>		Payment Term: <input type="checkbox"/> - COD <input checked="" type="checkbox"/> <b>15</b> - Days after delivery				
Note: All materials replaced during the repair job shall be surrendered upon delivery of equipment to facilitate processing of payment. Unless otherwise indicated, the above terms and conditions are deemed accepted and form part thereof.						
<b>5</b> Penalty Provision: 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.						
Conformer:  Supplier signature over printed name Date: <b>6/7/19</b>			Very truly yours,  <b>KENNETH V. TANATE, PhD</b> Executive Director and Head of Procuring Entity Date:			
<b>6</b> Funds Available :			<b>7</b> Amount : _____ ALOBS No.: _____			
_____			Date : _____			



Management System  
ISO 9001:2015  
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