

**PURCHASE ORDER**  
 DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT  
 IBP Road, Constitution Hills, Quezon City

Supplier :	GREAT EASTERN HOTEL, INC.	PO No. :	2018-03-0142
Address :	No. 1403 Quezon Avenue, Quezon City	Date :	March 9, 2018
Tel. No. :	0917-5299103	Mode of Procurement :	Negotiated Procurement - Lease of Venue
Philgeps #	2012-86368		
TIN :	003-824-901-000		

Gentlemen:

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

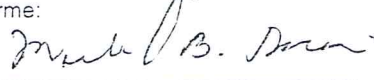
Place of Delivery:	GREAT EASTERN HOTEL	Payment Term:	Advise to Debit Account (ADA)
Date of Delivery:		Payment Term:	Fifteen (15) to Thirty (30) days upon receipt of billing statement & complete supporting documents for every conduct of each batch

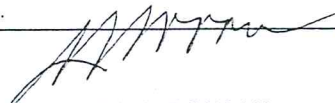
Stock / Property No.	Unit	Description	Quantity	Unit Amount	Amount
	pax	Title of the Activity: PROGRAM IMPLEMENTATION REVIEW (PIR) OF CENTER AND RESIDENTIAL CARE Date of the Activity: March 13-17, 2018 Room Accommodation: Triple/double sharing, individual beds Guaranteed Pax: 105 pax Check-In Date and Time: March 13, 2018; 2:00 pm Check-Out Date and Time: March 17, 2018; 12:00 noon Menu Selection: Hotel to submit menu Type of Serving: Guided buffet for breakfast, lunch and dinner; Plated for AM and PM Snacks Minimum of three (3) viands with soup, dessert and drinks Schedule of Serving: Day 1 - Lunch, PM Snack, Dinner Day 2-4 - Breakfast, AM Snacks, Lunch, PM Snacks & Dinner Day 5 - Breakfast, AM Snacks Inclusions: - Free use of adequate function room/ recreational facilities for 110 pax; - With free wi-fi connection (in rooms and function room) - No pillars that can block the view of pax and resource person; - Free writing pads and pencils; - Complete bathroom toiletries (towel, soap, shampoo, toothbrush, toothpaste and tissue);	110	1,750.00	770,000.00


(Total Amount in Words) Page 1 of 2 P 0.00

In case of failure to make full delivery within the time specified above, the amount of the liquidated damages shall be at least equal to one-tenth of one percent (0.001) of the cost of the unperformed portion for every day of delay. Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, the Procuring Entity may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances.

Billing Statement must be submitted within five (5) working days after the conduct of event.

Conforme:  
  
 Signature over printed name of Supplier  
 3/12/18  
 Date

Very truly yours,  
  
 MA. ALICIA S. BONOAN  
 Signature over Printed Name of Authorized Official  
 Director, Protective Service Bureau  
 Designation

Fund Cluster: 022-0120104-1-1  
 Funds Available: 770,000.00  
  
 JUBIE LEAH MAE S. COLES  
 Signature over Printed Name of Chief Accountant/  
 Head of Accounting Division/Unit

ORS/BURS No.: 02-101101-2018-03/-01805  
 Date of the ORS/BURS:  
 Amount: 770,000.00

220

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Date of Delivery:		Payment Term:	Fifteen (15) to Thirty (30) days upon receipt of billing statement & complete supporting documents for every conduct of each batch


Stock / Property No.	Unit	Description	Quantity	Unit Amount	Amount
		<p>Title of the Activity: PROGRAM IMPLEMENTATION REVIEW (PIR) OF CENTER AND RESIDENTIAL CARE</p> <ul style="list-style-type: none"> <li>- Whiteboard with eraser;</li> <li>- Accessible electrical outlets (no extra charge)</li> <li>- Free use of five (5) pcs. Microphone (2-with stand), 1 unit projector and wide screen;</li> <li>- Free flowing coffee, tea, water, nuts and candies during session;</li> <li>- Welcome streamer.</li> </ul> <p>Hotels/restaurants/resorts should not be offering short term lodging associated with motels and should not be situated beside or across gambling establishment shops, night club, funeral parlor, mortuaries and other similar ilks that may touch on cultural sensitivities.</p> <p>AOQ NO. 18-0144 NP-LV ✓ PR No. 2018020261 ✓</p>			770,000.00

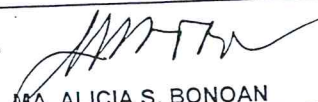
Page 2 of 2

(Total Amount in Words) **SEVEN HUNDRED SEVENTY THOUSAND PESOS ONLY** P 770,000.00

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 3/12/18  
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 MA. ALICIA S. BONOAN  
 Signature over Printed Name of Authorized Official  
 Director, Protective Service Bureau  
 Designation

Fund Cluster: 002 320104-1-1  
 Funds Available: 770,000.00  
  
 JUBIE LEAH MAE S. COLES  
 Signature over Printed Name of Chief Accountant/  
 Head of Accounting Division/Unit

ORS/BURS No.: 02-01101-2018-03-0120  
 Date of the ORS/BURS:  
 Amount 770,000.00