

RUSH

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

Supplier :	GRACE CROWN HOTEL	PO No. :	2018-05-0420
Address :	Balibago, Angeles City	Date :	May 17, 2018
Tel. No. :	0917-303.3842/ 045 458-0962	Mode of Procurement :	Negotiated Procurement - Lease of Venue
Philgeps #	2014-131052		
TIN :	233-542-657-000		

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

Place of Delivery:	GRACE CROWN HOTEL	Payment Term:	Advise to Debit Account (ADA)
Date of Delivery:		Payment Term:	within (15) to thirty (30) days upon completion of supporting documents (per batch)

Stock / Property No.	Unit	Description	Quantity	Unit Amount	Amount
	pax	BOARD & LODGING: HRDS Operations Review and Planning Workshop Date of Activity: May 23-26, 2018 Date of Activities: Check-In date and Time: May 23, 2018 at 2:00 PM Check-out date and Time: May 26, 2018 at 12:00 NN Room Accommodation: Room Sharing: Triple sharing for participants preferably near function room; 2-Single Occupancy for Resource Person and Director Meals: Hotel to submit Menu - Guided Buffet: Breakfast/Lunch/Dinner; Plated: AM and PM Snacks - With not less than 3-viands inclusive of soup, appetizer, veg. dish and dessert; - Free flowing coffee, candies/nuts and chips/crackers; - Fruits to be served for all breakfast, lunch and dinner meals. Schedule of Serving: May 23, 2018 : Lunch, PM Snacks & Dinner May 24-25, 2018: Breakfast, AM Snacks, Lunch, PM Snacks, Dinner May 26, 2018 : Breakfast and AM Snacks Inclusions: 1. Function Room available on: May 23-25, 2018 from 8:00am to 6:00pm; and May 26, 2018 from 8:00am to 12:00 noon 2. Free use of sound system with at least three (3) microphones, whiteboard w/ whiteboard marker & eraser; 3. Free use of LCD Projector and white screen; 4. With STRONG WIFI CONNECTION; 5. Provision of Secretariat Table and Registration Table; 6. Spacious Function Room to accommodate all pax; 7. Free use of break-out room; and 8. With standby technician.	40	1,600.00	192,000.00

(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: Very truly yours,
 
 Signature over printed name of Supplier CESAR A. AQUINO
Date: May 22, 2018 Signature over Printed Name of Authorized Official
OIC-Director, HRDS
Designation

Fund Cluster: <u>10000-1-1</u>	ORS/BURS No.: <u>02-10/101-2018-05-05077</u>
Funds Available: <u>PHIDM</u>	Date of the ORS/BURS: <u>5-18-18</u>
<u>JULIE LEAH MAE S. COLES</u> Signature over Printed Name of Chief Accountant/ Head of Accounting Division/Unit	Amount: <u>192,000</u>

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Philgeps #	2014-131052		
TIN :	233-542-657-000		

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

Place of Delivery:	GRACE CROWN HOTEL	Payment Term:	Advise to Debit Account (ADA)
Date of Delivery:		Payment Term:	Fifteen (15) to Thirty (30) days upon completion of supporting documents (per batch)

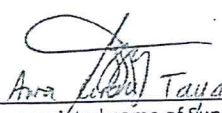

Stock / Property No.	Unit	Description	Quantity	Unit Amount	Amount
		<p>Note: Hotels/Restaurant/Resort should not be offering short term lodging associated with motels, should not be situated beside or across gambling establishments or casinos, & others that may touch on cultural sensitiveness like mortuaries and other similar type xxxxxnothing followsxxxxx</p> <p style="text-align: center;">AOQ NO. 18-0528 NP-LV PR No. 2018051308</p>			192,000.00

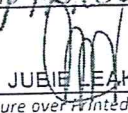
Page 2 of 2

(Total Amount in Words)	ONE HUNDRED NINETY-TWO THOUSAND PESOS ONLY	P	192,000.00
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Billing Statement must be submitted within five (5) working days after the conduct of event.

Conforme:  Signature over printed name of Supplier May 22, 2018 Date	Very truly yours,  CESAR A. AQUINO Signature over Printed Name of Authorized Official OIC-Director, HRDS Designation
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Fund Cluster: <u>100000-1-1</u> Funds Available: <u>192,000.00</u>  JUBIE LEAH MAE S. COLES Signature over Printed Name of Chief Accountant/ Head of Accounting Division/Unit	ORS/BURS No.: <u>02-T/101-2018-05-00077</u> Date of the ORS/BURS: <u>5-18-18</u> Amount: <u>192,000.00</u>
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