

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

Supplier :	THE GRANDE SUITES	PO No. :	2018-08-0827
Address :	Purok 6, Brgy. San Juan, Surigao City	Date :	August 3, 2018
Tel. No. :	09177001320 (Ms. Norjean)	Mode of Procurement :	NP - Lease of Venue
TIN :	925-562-940-000		

Gentlemen:

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

Place of Activity:	Purok 6, Brgy. San Juan, Surigao City	Delivery Term:	
Date of Activity:	August 6-11, 2018	Payment Term:	Fifteen (15) to Thirty (30) days upon completion of supporting documents

Stock / Property No.	Unit	Description	Quantity	Unit Amount	Amount
		Should have no pillars that can block the view of participants; Sound proof and well ventilated; Free Welcome Streamer; Free flowing coffee/tea/water with hot and cold water dispenser, nuts, candies during session; Must provide audio-visual equipment such as LCD projector, whiteboards, markers and erasers, sound system with atleast three (3) microphones and audio jacks, enough extension cords, (w/ standby audio technician); Free writing pads, and pencils in all function room; With Secretariat's Table and Chairs in function room Room Amenities: Complimentary mineral bottled water replenished daily, toiletries and provision of first aid kit as need arises Other Requirements: Adequate security (24/7) o Hotel should not offer short -term lodging services, associated with motels and should not be situated beside or across gambling establishment shops, night club, funeral parlor, mortuaries and other similar ilks; o Hotel location should be appropriate for the conduct of professional discussion and conducive for productivity and creative thinking; o Hotel can provide the required number of rooms and should not transfer the participants to another hotel; o Service provider are strictly prohibited to deal any person involved in the activity for any changes/revision/addenda without prior consent/approval of the Procurement Service/Dir. Leonardo C. Reynoso, National Program Manager of Pantawid and Michael J. Mercado, Administrative Officer V of Administrative Support Division; o The End-user will submit the CONFIRMATION SLIP of the total confirmed pax 3 days before the activity; o Charges will be made based on minimum guaranteed participants or the actual attendance.			

References: AOQ No. 18-1009 NP-LV PR No. 2018-07-2434 Fund Source: Current Appro 101 Pantawid

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(Total Amount in Words)	ONE HUNDRED EIGHTY THOUSAND SIX HUNDRED PESOS	P	180,600.
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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, Procuring Entity may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances.

The supplier/service provider is required to submit the billing statement within five (5) working days after the conduct of the activity.

Conforme:

Norjean S. Capetano
 Signature over printed name of Supplier

8/6/18
 Date

Very truly yours,

LCR
 LEONARDO C. REYNOSO

Signature over Printed Name of Authorized Official
 Concurrent OIC, Office of the Asst. Secretary for Promotive - OIC
 Director, Pantawid Pamilyang Pilipino Program Mgt. Office
 Designation

Fund Cluster: *210100-11*
 Funds Available: *180,600.*

ORS/BURS No.: *2018-08-0827-00-000*
 Date of the ORS/BURS: *8/3/18*
 Amount: 180,600.00

Odessa T. Villaceran
 Signature over Printed Name of Chief Accountant/
 OIC-Chief Accountant -SPD

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Gentlemen: LD
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Place of Activity:	Purok 6, Brgy. San Juan, Surigao City	Delivery Term:	
Date of Activity:	August 6-11, 2018	Payment Term:	Fifteen (15) to Thirty (30) days upon completion of supporting documents

Stock / Property No.	Unit	Description	Quantity	Unit Amount	Amount
	pax	Title of the Activity: Board and Lodging for the conduct of Consultive Workshop on the Development of Monitoring Indicators on FDS Learning Application through FDS Information System Minimum Guaranteed Pax: 18 participants Room Sharing: Maximum of Triple sharing (individual beds per pax) - (5 days) Check-In Date and Time: August 6, 2018 (2:00pm check-in time) Check-Out Date & Time: August 11, 2018 (12:00nn check-out time) Menu Selection: Hotel to submit menu Type of Serving: Guided buffet for breakfast, lunch and dinner; Plated for AM and PM Snacks, minimum of 3 viands, with dessert and drinks. Schedule of Serving: August 6, 2018: Lunch, PM Snacks and Dinner August 7, 2018: Full Meal (Breakfast, AM Snack, Lunch, PM Snack, Dinner) August 8-9, 2018: Full Meals (Pack) - (2 days) August 10, 2018: Full Meal (Breakfast, AM Snack, Lunch, PM Snack, Dinner) August 11, 2018: Breakfast and AM Snack Provision of Full Meals (Pack) on August 8-9, 2018 - (2 days) Conference Room and Equipment: Must have strong and stable internet connection in the rooms (hotel, function); FREE use of air-conditioned conference/function room that can accommodate the total participants (1st to last day);	21	400.00	42,000.00
	pax	August 6, 2018: Lunch, PM Snacks and Dinner	21	540.00	11,340.00
	pax	August 7, 2018: Full Meal (Breakfast, AM Snack, Lunch, PM Snack, Dinner)	21	840.00	17,640.00
	pax	August 8-9, 2018: Full Meals (Pack) - (2 days)	21	840.00	35,280.00
	pax	August 10, 2018: Full Meal (Breakfast, AM Snack, Lunch, PM Snack, Dinner)	21	840.00	17,640.00
	pax	August 11, 2018: Breakfast and AM Snack	21	300.00	6,300.00
	pax	Provision of Full Meals (Pack) on August 8-9, 2018 - (2 days)	30	840.00	50,400.00

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(Total Amount in Words) _____ P _____

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The supplier/service provider is required to submit the billing statement within five (5) working days after the conduct of the activity.

Conferme: _____
 Norjean S. Capistrano
 Signature over printed name of Supplier
 8/6/18
 Date

Very truly yours,
 LEONARDO C. REYNOSO
 Signature over Printed Name of Authorized Official
 Concurrent OIC, Office of the Asst. Secretary for Promotive - OP
 and Director, Pantawid Pamilyang Pilipino Program Management Office
 Designation

Fund Cluster: _____
 Funds Available: _____
 ODESSA T. VILLACERAN
 Signature over Printed Name of Chief Accountant/
 OIC-Chief, Accountant-SPD

ORS/BURS No.: _____
 Date of the ORS/BURS: _____
 Amount: _____