

Rec'd by ROSE B. BAYOT 10/11/18

**PURCHASE ORDER**

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

#921

|            |   |                       |   |
|------------|---|-----------------------|---|
| Supplier : | GRACELAND ESTATES & COUNTRY CLUB, INC.            | PO No. :              | 2018-09-1028                            |
| Address :  | Brgy. Camaysa, Tayabas City                       | Date :                | September 14, 2018                      |
| Tel. No. : | 0939.163.7206/ 0917 1656451/ camkam1983@gmail.com | Mode of Procurement : | Negotiated Procurement - Lease of Venue |
| Philgeps # | 2014-131001                                       |                       |   |
| TIN :      | 005-345-324-000                                   |                       |   |

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

|                    |                                  |               |  |
|--------------------|----------------------------------|---------------|--|
| Place of Delivery: | Graceland Estates & Country Club | Payment Term: | Advise to Debit Account (ADA)  |
| Date of Delivery:  |                                  | Payment Term: | Fifteen (15) to Thirty (30) days upon completion of supporting documents |

| Stock / Property No. | Unit | Description  | Qty | Unit Amount | Amount     |
|----------------------|------|--|-----|-------------|------------|
|                      | pax  | <b>Board and Lodging: STB Performance Evaluation Workshop</b><br>Date of Activity : November 19-23, 2018, 2018<br>Room Accommodation : 12-triple sharing (individual bed per pax), with provision of towels, shampoo, bath soap, pillow<br>Check-In date and Time: 19 November 2018 at 2:00 PM<br>Check-out date and Time: 23 November 2018 at 12:00 NN<br>Menu Selection : Hotel to Submit Menu (NO CREAM DORY fish dish)<br>Type of Serving: Guided Buffet: Breakfast/Lunch/Dinner; Plated: AM/PM Snacks<br>Schedule of Serving:<br>Day 1 : PM Snack & Dinner<br>Day 2- 3 : Breakfast, AM Snacks, Lunch, PM Snacks<br>Day 4 : Breakfast, AM Snacks, Lunch<br>Package Inclusions:<br>* Free use of function room that can accommodate the enough space for workshop;<br>* Should have no pillars that can block the view of pax<br>* Can provide space for 30 pax on Nov. 20, 2018 from 8 meditation exercises;<br>* Free and strong WIFI connections;<br>* Sound proof and well-ventilated rooms;<br>* With good sound system, at least three (3) microphones and audio jack (with standby audio technician);<br>* Free use of projectors, whiteboard, markers, erasers, writing pads and pencils;<br>* Free tarpaulin/ signages;<br>* Free flowing coffee/tea/water with hot and cold dispenser;<br>* Free candies/ nuts during sessions;<br>* Hotel should not transfer the pax to another hotel.<br>NOTE: The Hotel 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 establishments.<br>AOQ No. 18-1138 NP-LV/ PR No. 2018062104 | 36  | 1,650.00    | 237,600.00 |

Good Day Sir Carlo,  
 Pakisign po ang Conforme part ng Purchase Order,  
 Pakilagay po sa date ay September 21, 2018.  
 Pakisign din po ang Conforme part ng Notice of Award.  
 Note: 2 copies of original Purchase Order and 3 copies of NOA  
 Thank You.

|                         |   |   |                   |
|-------------------------|---|---|-------------------|
| (Total Amount in Words) | <b>TWO HUNDRED THIRTY-SEVEN THOUSAND SIX HUNDRED PESOS ONLY</b> | P | <b>237,600.00</b> |
|-------------------------|---|---|-------------------|

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 \_\_\_\_\_ HELEN Y. SUZARA  
 Date \_\_\_\_\_ Signature over Printed Name of Authorized Official  
 OIC-Director, Social Technology Bureau  
 Designation \_\_\_\_\_

Fund Cluster: \_\_\_\_\_ ORS/BURS No.: 02-1001-2018-11-0001  
 Funds Available: \_\_\_\_\_ Date of the ORS/BURS: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 JUBIE LEAH MAE S. COLES  
 Signature over Printed Name of Chief Accountant \_\_\_\_\_