

**PURCHASE ORDER**

Department of Social Welfare and Development

Field Office VII


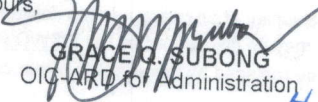

cor. MJ Cuenco Ave. &amp; Gen. Maxilom Ave., Cebu City Tel. # 2330261, 2338785 Fax # 4129908, 2321192

Supplier:	<b>ALTA CEBU VILLAGE GARDEN RESORT INC.</b>	PO No.	DSWD7-18-374
Address:	Pilipog, Cordova Cebu	Date:	06/22/18
Contact No.:	496-7812/0943-1415440	Mode of Procurement:	Lease of Venue
Contact Person:	Christine S. Malait	TIN:	464-138-210-000

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

Place of Delivery:	Cordova, Cebu	Delivery Term:	Upon actual date of activity
Date of Delivery:	June 26-28, 2018	Payment Term:	within 30 calendar days after the activity & receipt of billing.

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
	<b>pax</b>	<p><b>Provision of board and lodging, catering and venue for the below mentioned activity</b></p> <p>Title: Sama-Bajau Youth Camp cum Orientation on Gender Sensitivity</p> <p><b>Availability:</b> June 26-28, 2018</p> <p><b>Day 1-2</b> (Full Board and Lodging: Room Accommodation, Meals, Snacks, Function Room and other Amenities) <b>Day 3</b> – 3 Meals and 2 snacks with venue</p> <p><b>Location:</b></p> <ul style="list-style-type: none"> <li>Metro Cebu</li> </ul> <p><b>Neighborhood Data</b></p> <ul style="list-style-type: none"> <li>The venue must not offer short-term lodging services and not adjacent to casinos, night clubs, bar shows and funeral facilities.</li> </ul> <p><b>Amenities</b></p> <p><b>a. Conference Room</b></p> <ul style="list-style-type: none"> <li>Use of (1) Function room (8am – 6PM) that can accommodate the indicated number of pax; no middle obstructing post/object.</li> <li>(Pls. specify name of function or function number in the "statement of compliance" column.)- <b>LA REGATTA/KALAMPUSAN HALL</b></li> </ul> <p><b>b. Space Requirements:</b></p> <ul style="list-style-type: none"> <li>Fishbone arrangement</li> <li>Registration and working tables for secretariat with at least 4 chairs</li> <li>Small table near the projector for resource person with 1 chair</li> </ul> <p><b>c. Room Arrangement</b></p> <ul style="list-style-type: none"> <li>Triple/Quadruple Room Accommodation</li> </ul> <p><b>d. Light, Ventilation and Air-conditioning</b></p> <ul style="list-style-type: none"> <li>Proper light ventilation and air-conditioning</li> </ul> <p><b>e. Audio Visual Requirements:</b></p> <ul style="list-style-type: none"> <li>Complete and good sound system with at least 3 microphones (with working batteries for wireless microphone)</li> <li>Free use of 1 LCD projector with screen</li> <li>Free use of 1 laptop computer</li> <li>On-call operator</li> </ul>	<b>30</b>	1,250.00 5% 2% total after tax	<b>112,500.00</b> 5,022.32 2,008.93 <b>105,468.75</b>

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
		<p><i>f. Other Requirements:</i></p> <ul style="list-style-type: none"> <li>• Free WIFI/internet connection in the function room</li> <li>• No electrical charge for use of DSWD equipment</li> <li>• White board with pens and eraser</li> <li>• Extension cords (at least 3)</li> <li>• Philippine Flag</li> <li>• Stand-by waiter</li> <li>• Pencils on the tables (1<sup>st</sup> day only)</li> </ul> <p><b>Catering Services: Buffet breakfast, lunch, dinner and plated snacks (AM &amp; PM)</b></p> <ul style="list-style-type: none"> <li>• Meals – rice, soup, 2 main dishes (choices of vegetables, fish not cream dowry, chicken and beef), dessert (assorted fruits in season) and natural fruit juice</li> <li>• AM and PM Snacks – choices of pasta, batchoy, pastries and native kakanin and natural fruit juice</li> </ul> <p><b>OTHERS:</b> flowing purified drinking water and candies</p> <p>Purpose: Sama-Bajau Youth Camp cum Orientation on Gender Sensitivity</p> <p><b>(Ref: PR No.: DSWD7-18-0481)</b></p>			
(Total Net Amount in Word)	One hundred five thousand four hundred sixty eight pesos and 75/100				<b>105,468.75</b>
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.					
Conforme:	 Signature over Printed Name of Supplier  Date <u>6/25/18</u>		Very truly yours,  <b>GRACE Q. SUBONG</b> OIC-ARL for Administration		
Funds Available:	 <b>LOUIE RAY C. VILLARIN, CPA</b> Regional Accountant		ALOBS No. : _____ Amount : _____		

AO 6/15/02  
 PO No. DSWD7-18-374