

## 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

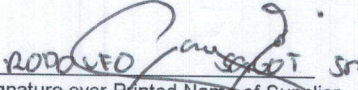


Supplier:	<b>METROCENTRE HOTEL AND CONVENTION CENTER</b>	PO No.	DSWD7-18-699
Address:	CPG Ave, Tagbilaran City, Bohol	Date:	11/05/2018
Contact No.:	411-2599	Mode of Procurement:	Lease of Venue
Contact Person:	John Paul Francis Nuñez	TIN:	000-254-528-004
Gentlemen:			

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

Place of Delivery:	Tagbilaran City	Delivery Term:	Upon actual date of activity
Date of Delivery:	November 7-8,2018	Payment Term:	within 30 calendar days after the activity & receipt of billing.

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
		<b>Provision of board and lodging, catering and venue.</b>			
		Title of activity :			
		<b>Inter- Pillar Dialogue</b>			
		<b>Availability:</b>			
	pax	<ul style="list-style-type: none"> <li>November 7-8, 2018 (Live in Fullboard, accommodation only on Nov. 7 and food provision on Nov. 8)</li> </ul>	100	1740.00	174,000.00
	pax	<ul style="list-style-type: none"> <li>November 8, 2018 (Live-out)</li> </ul>	60	750.00	45,000.00
		Breakfast, Lunch, Dinner, AM and PM Snacks			<b>219,000.00</b>
		<b>Location:</b>			
		<ul style="list-style-type: none"> <li>Tagbilaran City/Dauis/Panglao, Bohol</li> </ul>			
		<b>Neighborhood Data</b>			
		<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>			
		<b>Amenities</b>			
		<b>a. Conference Room</b>			
		<ul style="list-style-type: none"> <li>Use of (1) Function room (7am – 7pm) that can accommodate the indicated number of pax with no middle obstructing post/object with wide space for workshop activities</li> <li>(Pls. specify name of function or function number in the "statement of compliance" column.)-GRAND BALLROOM B</li> <li>No changing of assigned function room during the duration.</li> <li>Availability of 10mbps WIFI connection in the function room for the downloading, playing of presentation materials and videos required for the orientation seminar.</li> <li>Can be located on the ground floor but not more than 15<sup>th</sup> floor. It has to be accessible to the function room for the participants who has special needs (e.g. using stairs going up on the function room pose difficulty for persons with disability). High ceiling at least 3 meters and soundproofed wall.</li> </ul>			
		<b>b. Space Requirements:</b>			
		<ul style="list-style-type: none"> <li>Registration/working table for secretariat, small table for the projector/ laptop</li> <li>Team Tables/Clusters- Rectangles ideal for breakout or groups that require a lot of group interaction, discussion and/or note taking.</li> </ul>			
		<b>c. Light, Ventilation and Air-conditioning</b> 1 of 2			
		<ul style="list-style-type: none"> <li>Proper light ventilation and air-conditioning</li> </ul>			
				5%	9,776.79
				2%	3,910.71
				Gross Amount	<b>205,312.50</b>



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		<ul style="list-style-type: none"> <li>• Must have white bulbs and not yellow/dim to ensure good visual of participants for the entire session</li> <li><b>d. Audio Visual Requirements:</b> <ul style="list-style-type: none"> <li>• Use of one hanging type LCD projector for presentation with screen.</li> <li>• Complete audio-visual with at least 3 microphones (with working batteries for wireless microphone)</li> <li>• There has to be on-call operator to assist in the AV needs.</li> <li>• Use of whiteboard, extension cords and Philippine flag</li> <li>• Audio-visual must be set up at least 1 hour before the activity.</li> <li>• No electrical charge for the use of own equipment or charging of laptops.</li> </ul> </li> <li><b>e. Room Arrangement/Requirements:</b> <ul style="list-style-type: none"> <li>• Double/Triple accommodation for pax with separate beds. Additional bed has to be in level with others and should not only be a mattress on the floor. There has to be enough space to move within the room. With complimentary basic toiletries such as soap and shampoo. With free drinking water per request inside the room or with water refill station accessible in the nearby rooms. Preferably equipped with functional television. Room for the secretariat and Resource persons must be with wifi internet connection at least 10mbps</li> </ul> </li> <li><b>f. Other Requirements:</b> <ul style="list-style-type: none"> <li>• Provision of backdrop and welcome streamers/lobby posting..</li> <li>• There has to be enough number of standby waiters to assist the participants</li> <li>• Two buffet tables for meals to facilitate fast serving of food</li> <li>• Has enough parking space</li> <li>• Transportation of secretariat/ Resource person/ Committee members from Port to venue on the first and last day.</li> <li>• There has to be on call medical personnel</li> </ul> </li> <li><b>Catering Services: buffet breakfast, lunch, dinner and 2 snacks (AM &amp; PM)- (Plated Breakfast)</b> <ul style="list-style-type: none"> <li>• Meals: Rice, soup, appetizer, 3 main dishes (choice of fish not creamdory, chicken, pork), dessert (preferably fruits) and natural juices</li> <li>• AM/PM Snacks: burger/sandwiches/pasta and natural juices</li> <li>• Flowing coffee / purified drinking water</li> <li>• Strictly no softdrinks</li> </ul> </li> </ul> <p style="text-align: center;"><b>(Ref: PR No.: DSWD7-18-0932)</b></p>			
(Total net amount in word )		Two hundred five thousand three hundred twelve pesos and 50/100			<b>205,312.50</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 11/5/18 Date			Very truly yours, <b>MA. EVELYN B. MACAPOBRE, CESO III</b> Director IV  <b>SHALOME MARIE S. LUCERO</b> Director III / Assistant Regional Director for Operations		
Funds Available:  <b>LOUIE RAY C. VILLARIN, CPA</b> Regional Accountant			ALOBS No. : _____ Amount : _____		