

PURCHASE ORDER

Department of Social Welfare and Development
Field Office VII

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

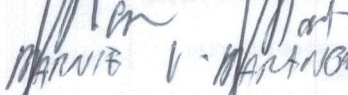
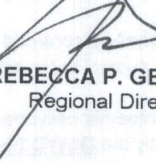
Supplier:	AZIA SUITES AND RESIDENCES	PO No.	DSWD7-2019-AMP-1028
Address:	Rahman Ext. Cebu City	Date:	10/28/2019
Contact No.:	Marnie Maranon	Mode of Procurement:	Lease of venue
Contact Person:	260-1111/0916-509-9761	TIN:	418-453-920-000

Gentlemen:

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

Place of Delivery:	Cebu City	Delivery Term:	Upon actual date of activity
Date of Delivery:	Pls. see dates stated below	Payment Term:	within 30 calendar days after the activity & receipt of billing.

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
		Provision of board and lodging, catering and venue for the activity for the below mentioned activity			
		Title of Activity			
		Orientation on the approved Unconditional Cash Transfer (UCT) Program MOA and IRR for the Registration and Distribution Activity			
		Availability:			
	pax	November 11, 2019	74	1,600.00	118,400.00
		(Live in Full board with venue rental)		5%	5,285.71
				2%	2,114.29
				Total after tax	111,000.00
		Meals and Snacks (Breakfast, AM Snacks, Lunch, PM Snacks, Dinner) First Provision: Breakfast Last Provision: Dinner			
		Location: · Cebu City			
		Neighborhood Data · Renting facility must not offer short-term lodging services (e.g. motels); must not be situated beside or across gambling establishments or casinos and others that may touch in cultural sensitivity like mortuaries or morgues and the like. Venue must be a smoke free zone in compliance to RA9211 (Tobacco Regulation Act of 2003)			
		Amenities			
		a. Conference Room · Use of one (1) function room that can accommodate 70 pax with enough space for movement and buffet table; no middle obstructing post/object; with wide space, enough for structured learning activities such as workshop, gallery walk, small groupings, etc. · (Pls. specify name of function or function number in the "statement of compliance" column.)-OMADA 2 & 3			
		b. Space Requirements: · Table must be arranged classroom type to accommodate 2-3 persons each table ; registration/working table for secretariat, small table near projector for Resource Person			
		c. Light, Ventilation and Air-Conditioning · Proper Light, Ventilation and Air-Conditioning			
		d. Audio Visual Requirements: · At least Two (2) wireless microphones and one (1) LCD projector for the function room			

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
		<p><i>e. Room Requirements</i> 2 pax per room of assignment</p> <p><i>a. Other Requirements</i></p> <ul style="list-style-type: none"> · WIFI connection in the function room for the downloading, playing of presentation materials and videos required of the training, backdrop and welcome streamer/lobby posting; no electrical charge for the use of own equipment, whiteboard, extension cords, Philippine flag · On call medical personnel in case of emergency and stand-by waiters. The venue is a smoke free zone in compliance to RA 9211. · Statement of Account must be released on the last day of the activity. <p>Catering Services:</p> <ul style="list-style-type: none"> · Menu: Breakfast, Lunch, Dinner, 2 snacks (AM/PM) <p>Meals:</p> <ul style="list-style-type: none"> · Rice, Soup, 3 main dishes (vegetable, fish, chicken, pork and beef); dessert and natural juices <p>Others:</p> <ul style="list-style-type: none"> · No Serving of Creamdory and softdrinks. · Flowing coffee/choco; Purified Drinking Water <p style="text-align: center;">End User: UCT (PR ref. DSWD7-19-1528)</p>			
(Total Amount in Words)		One hundred eleven thousand pesos only		Net of tax	111,000.00
<p>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.</p>					
Conforme:	 Signature over Printed Name of Supplier _____ 11/10/19 Date	Very truly yours,	 REBECCA P. GEAMALA Regional Director		
Funds Available: LOUIE RAY C. VILLARIN, CPA Regional Accountant			ALOBS No. : _____ Amount : _____		

AO 6/15/02
PO No. DSWD7-2019-AMP-1028