

PURCHASE ORDER

Department of Social Welfare and Development
Field Office VII

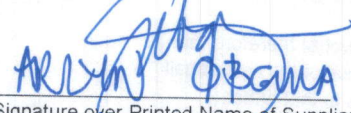
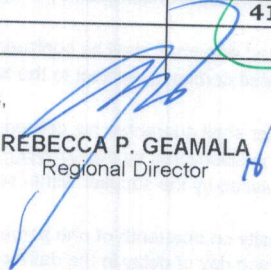

cor. MJ Cuenco Ave. & Gen. Maxilom Ave., Cebu City Tel. # 2330261, 2338785 Fax # 4129908, 2321192

Supplier:	GOLDEN PEAK HOTEL & SUITES	PO No.	DSWD7-2019-AMP-1139
Address:	Gorordo Ave, Cor. Escario St., Kamputhaw, Cebu City	Date:	12/04/2019
Contact No.:	233-8111	Mode of Procurement:	Lease of Venue
Contact Person:	Arlyn Obguia	TIN:	228-372-701-000

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 catering and venue for the activity.			
		Title of activity :			
		Orientation and updating on DSWD's Various Programs and Services			
		Date:			
	pax	December 15, 2019	600	700.00	420,000.00
		Venue Rental			20,000.00
		(Live-out with venue rental)			440,000.00
		Provision of Lunch, PM Snack and dinner with Venue Rental			19,642.86
		Location:			
		Cebu City			
		Neighborhood Data			
		<ul style="list-style-type: none"> • 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/ open space (12NN- 9PM as the maximum) that can accommodate of 600 pax with no middle obstructing post/object. Enough space for its activities.			
		<i>(Pls. specify name of function or function number in the "statement of compliance" column.)-5th FLOOR CONVENTION HALL</i>			
		a. Space Requirements:			
		Enough space for the said participants and can accommodate paraphernalia for its activities.			
		a. Light, Ventilation and Air-Conditioning			
		<ul style="list-style-type: none"> • Proper Light, Ventilation and Air-Conditioning 			
		a. Audio Visual Requirements:			
		Use of 1 LCD projector for presentation. Complete functional Audio Visual (like TV and sound system) with at least 4 microphones. There has to be standby operator to assist in the AV needs. Audio Visual must be set up at least 1 hour before the activity. Available extension cords, and Philippine Flag. No electrical charge for the use of own equipment. Available WIFI connection in the function room for the downloading, playing of presentation materials and videos required for the activity.			
				Total before tax	
				5%	7,857.14
				2%	
				Gross Amount	412,500.00

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
		<p>a. Other Requirements</p> <p>Provision of Backdrop as well as basic decors/event paraphernalia's such as table set up & lights and Welcome streamers/Lobby posting. There has to be enough number of stand-by waiters to assist the participants. There has to be on call medical personnel. Safe accessible parking space available within the vicinity of the building that is available to the DSWD vehicle and that of the participants. At least have available over the counter medicine as need arises. Elevator must be available on the floor where the Conference Room is located.</p> <p>a. Menu: Lunch and dinner</p> <p>Menu: Rice, Soup with vegetable/ noodle, 3 main dishes (fish, chicken and pork/beef), Fresh Fruit, natural Juice</p> <p>PM Snacks: Preferably Sandwich or Pasta with Natural juices</p> <p>Other Requirements: Flowing Coffee/ Purified Drinking Water</p> <p style="text-align: center;">End User: HRMDD (Ref: PR No.: DSWD7-19-1510)</p>			
(Total net amount in word)		Four hundred twelve thousand five hundred pesos			412,500.00
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 12/13/19	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-1139