

**PURCHASE ORDER**

Department of Social Welfare and Development  
Field Office VII

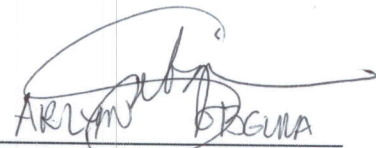

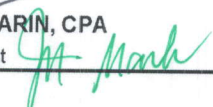
cor. MJ Cuenco Ave. & Gen. Maxilom Ave. , Cebu City Tel. # 2330261, 2338785 Fax # 4129908, 2321192

Supplier: <b>GOLDEN PEAK HOTEL &amp; SUITES</b>	PO No. DSWD7-2019AMP-258
Address: Gorordo Ave, Cor. Escario St. , Kamputhaw , Cebu City	Date: 04/30/2019
Contact No.: 233-8111	Mode of Procurement: Lease of Venue
Contact Person: Creslito Nieves	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:	May 3, 2019	Payment Term:	within 30 calendar days after activity complete & receipt of final billing.		
Stock No.	Unit	Description	Quantity	Unit Cost	Amount
		<b>Provision of catering and venue for the below mentioned activity</b>			
		Title of Activity			
		<b>Training Orientation for Social Pension Validators</b>			
		Availability:			
	pax	• May 3, 2019 (live-out)	173	1,000.00	<b>173,000.00</b>
		Breakfast, Lunch, Dinner, AM and PM Snacks with venue rental		5%	7,723.21
		Location:		2%	3,089.29
		• Cebu City		Total after tax	<b>162,187.50</b>
		<b>Neighborhood Data</b>			
		• The 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. The function has to be accessible by an elevator.			
		<b>Amenities</b>			
		<b>a. Conference Room</b>			
		• Use of one (3) Function Room (7AM- 9PM as the maximum) that can accommodate the indicated number of pax with no middle obstructing post/object with wide space for workshop activities. No changing of assigned function room during the duration of the activity.			
		• (Pls. specify name of function or function number in the "statement of compliance" column.)- 5TH FLOOR- ANNEX A/ANNEX B & BETA			
		<b>b. Space Requirements:</b>			
		• Conference arrangement/classroom type/ bus type. Provision of 2 tables for the registration/working table for secretariat and for the laptop/projector			
		<b>c. Audio Visual Requirements:</b>			
		• Use of 1 LCD projector for presentation. Complete Audio Visual with at least 3 microphones (2 cord- less and 1 with wire). There has to be on call operator to assist in the AV needs. Audio Visual must be set up at least 1 hour before the activity. Use of whiteboard, extension cords, and Philippine Flag. No electrical charge for the use of own equipment. Use of WIFI connection in the function room for the downloading, playing of presentation materials and videos required of the training.			
		<b>d. Other Requirements:</b>			
			1 of 2		

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
		<ul style="list-style-type: none"> <li>Provision of Backdrop 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. Free use of parking space.</li> </ul> <p><b>Catering Services: 3 Meals, and 2 snacks (AM &amp; PM)</b></p> <ul style="list-style-type: none"> <li>Buffet Breakfast: Rice, 3 main courses (choice of fish, beef, chicken, pork), 1 dessert (preferably fruits), Drinks (coffee or hot chocolate)</li> <li>Buffet Lunch/Dinner: Rice, Soup, appetizer 3 main dishes (vegetable, fish, chicken and pork/beef), dessert (preferably fruits) and natural juices</li> <li>AM/PM Snacks: Variation of pasta, bread and pastries with natural juices</li> <li>Others: Flowing Coffee/ Purified Drinking Water</li> </ul> <p>Purpose: Training Orientation for Social Pension Validators <b>(Ref: PR No.: DSWD7-19-067)</b></p>			
(Total Amount in Words)		One hundred sixty two thousand one hundred eighty seven pesos and 50/100		Net of tax	<b>162,187.50</b>
<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 5/02/19 Date		Very truly yours,  <b>SHALAIN MARIE S. LUCERO</b> Director III/ ARD for Operations		
Funds Available: <b>LOUIE RAY O. VILLARIN, CPA</b> Regional Accountant 			ALOBS No. : _____ Amount : _____		

AO 6/15/02

PO No. DSWD7-2019AMP-258