

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

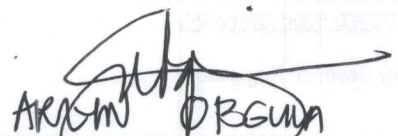
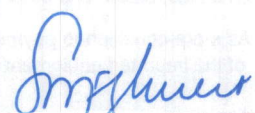
Supplier: GOLDEN PEAK HOTEL & SUITES	PO No. DSWD7-2019-AMP-736
Address: GORORDO AVENUE CORNER ESCARIO ST. KAMPUHAW CEBU CITY	Date: 8/26/2019
Contact No.: 0927-350-3245	Mode of Procurement: Lease of Venue
Contact Person: ARLYN OBGUIA	TIN: 228-372-701-000

Gentlemen:

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

Place of Delivery: Cebu City	Delivery Term: Upon the Actual Date of Activity
Date of Delivery: August 27-29, 2019	Payment Term: within 30 calendar days after receipt of billing statement

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
		Activity: "RISK ASSESSMENT TRAINING: BASIC INCIDENT COMMAND SYSTEM FOR DISASTER MANAGEMENT"			
		I. Availability:			
	pax	August 27-29, 2019	20	1,950.00 x 20 x 3 days	117,000.00
		*Live In (Fullboard with 3 meals and AM/PM Snacks) *Buffet Breakfast, Lunch, Dinner, AM and PM Snacks			
	pax	August 27-29, 2019	4	800 x 4 x 3 days	9,600.00
		*Live Out *Buffet Breakfast, Lunch, AM and PM Snacks			
		II. Location: • Cebu City			
		III. Neighborhood Data • The venue must not offer short-term lodging services and not adjacent to casinos, night clubs, bar shows and funeral facilities. Hotel must be a smoke-free zone in compliance to RA9211. Amenities a. Conference Room • Use of (1) Function room (8am – 5PM) that can accommodate the indicated number of pax with no middle obstructing 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.) "room 2014" • Availability of strong WIFI connection in the function room for the downloading, playing of presentation materials and videos required for the orientation seminar. IV. b. Space Requirements: • Registration/working table for secretariat, small table for the projector/laptop • Conference Room Arrangement type. c. Room Requirements: • Six rooms for Triple sharing with separate beds for each pax. 1 room for twin sharing with individual beds. With complimentary drink in the room daily, with basic bathroom paraphernalia. d. Light, Ventilation and Air-conditioning • Proper light ventilation and air-conditioning • Must have white bulbs and not yellow/dim to ensure good visual of participants for the entire session. e. Audio Visual Requirements:			

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
		<ul style="list-style-type: none"> Use of one LCD projectors for presentation with screen. Complete audio-visual with at least 3 microphones (with functional batteries if wireless) 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. No electrical charge for the use of own equipment or charging of laptops. f. Other Requirements: There has to be enough number of standby waiters to assist the participants. Has to be and on call medical personnel and over the counter medicines. Use of whiteboard, extension cords and Philippine Flag Provision of tarpaulin as welcome banner and backdrop and backdrop for the training (design/lay-out will be provided by the end-user) Catering Services: Buffet Breakfast, Buffet Lunch and 2 snacks (AM & PM) Buffet Meal: Rice, soup, appetizer, 3 main dishes (chice of vegetable, fish not cream dory, chicken, pork and beef), 1 dessert (preferably fresh fruits) and natural juices or water. AM/PM Snacks: pasta/sandwiches/pastries/native delicacies and natural juices Flowing Coffee/Purified Drinking Water 			
		(Ref: PR No.: DSWD7-19-1297)		Gross Amount: 5% 2%	126,600.00 5,651.79 2,260.71
(Total Amount in Words)		One Hundred Eighteen Thousand Six Hundred Eighty Seven Pesos & 50/100		Net of Tax	118,687.50
<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 <u>8/26/19</u> Date		Very truly yours,  SHARLINE MARIE S. LUCERO DIRECTOR III/AD FOR OPERATIONS		
Funds Available:	LOUIE RAY G. VILLARIN, CPA Regional Accountant		ALOBS No. : _____ Amount : _____		

PO No. DSWD7-2019-AMP-736