

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

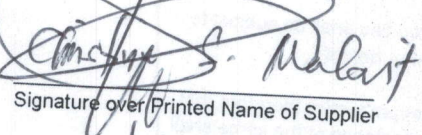
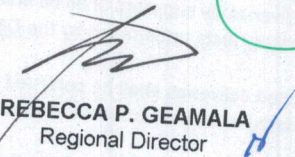
Supplier:	ALTA BOHOL GARDEN RESORT INC.	PO No.	DSWD7-2019-AMP-987
Address:	San Isidro, Baclayon, Bohol	Date:	10/23/2019
Contact No.:	906-576-4054	Mode of Procurement:	Lease of venue
Contact Person:	Christine Malait	TIN:	464-138-210-000

Gentlemen:

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

Place of Delivery:	Bohol Province	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 5, 2019	60	1,600.00	96,000.00
		(Live in, Full board with venue rental)		5%	4,285.71
				2%	1,714.29
				Total after tax	90,000.00
		Meals and Snacks (Breakfast, AM Snacks, Lunch, PM Snacks, Dinner) First Provision: Breakfast Last Provision: Dinner			
		Location: · Bohol Province			
		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.)-CPG and TUBIGON Hall			
		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>e. Room Requirements 2 pax per room of assignment</p> <p>a. Other Requirements</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. Catering Services: <ul style="list-style-type: none"> Menu: Breakfast, Lunch, Dinner, 2 snacks (AM/PM) Meals: <ul style="list-style-type: none"> Rice, Soup, 3 main dishes (vegetable, fish, chicken, pork and beef); dessert and natural juices Others: <ul style="list-style-type: none"> No Serving of Creamdory and softdrinks. Flowing coffee/choco; Purified Drinking Water <p align="center">(PR ref. DSWD7-19-1517)</p>				
(Total Amount in Words)		Ninety thousand pesos only			Net of tax	90,000.00
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		Very truly yours,	 REBECCA P. GEAMALA Regional Director		
	Date	11/4/19				
Funds Available:			LOUIE RAY C. VILLARIN, CPA Regional Accountant		ALOBS No. : _____ Amount : _____	

AO 6/15/02

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