

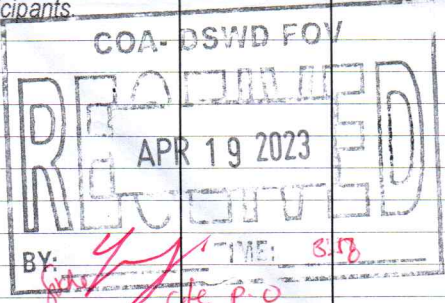
DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT FIELD OFFICE V

Regional Center Site, Rawis, Legazpi City, Albay

PURCHASE ORDER

Supplier:	VILLA ISABEL HOTEL	PO. No.:	F 2303-0068
Address:	BURABOD, SORSOGON CITY	Date:	March 27, 2023
Contact No.:	09394922149	Mode of Procurement:	LEASE OF REAL PROPERTY AND VENUE
Gentlemen:	Please furnish this Office the following articles subject to the terms and conditions contained herein:	Payment Term:	Charge
Place of Delivery:	As specified in the contract	Delivery Term:	
Date of Delivery:	As specified in the contract	For Delivery Schedule and Queries Please Contact C.M.U.:	09636984404

Item No.	Unit		Quantity	Unit Cost	Amount
		PROVISION OF FOOD, VENUE, AND ACCOMMODATION FOR THE LEARNING SESSION ON THE USE OF DATA MANAGEMENT SYSTEM FOR SORSOGON PROVINCE SWA, C/ ML's AND TECHNICAL STAFF IN A RESORT IN SORSOGON PROVINCE			-
		MARCH 28, 2023			-
	pax	AM Snacks, Lunch, PM Snacks and Rental of Venue	50	640.00	32,000.00
	pax	Dinner and Accommodation	46	1,330.00	61,180.00
		March 29, 2023			-
	pax	Breakfast	46	100.00	4,600.00
	pax	AM Snacks, Lunch, PM Snacks and Rental of Venue	50	640.00	32,000.00
		Attached: Standard Requirements for Venue			-
		Note:			-
		<i>Guaranteed number to be served Food on the 1st day or to be adjusted as per advance advice of the end user. Food and Accommodation on the 2nd day should be adjusted based on the actual number of participants</i>			-



NOTE: This includes all items you conformed indicated in the RFQ.

Total Amount in Words: **One Hundred Twenty Nine Thousand Seven Hundred Eighty Pesos and No Centavos** **129,780.00**

LIQUIDATED DAMAGES: One-Tenth Of One Percent (0.001) of the cost of the unperformed portion of the contract for every day of delay. Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, the DSWD FOV may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances.

Conforme:

[Signature]
VILLA ISABEL HOTEL
 Signature over Printed Name of Supplier
 Date: 03-28-23

[Signature]
NORMAN S. LAURIO
 Regional Director

Funds Available:
[Signature]
AMIABELLE N. QUINTANO, CPA
 Accountant III

ORS No.: 23-03-01831
 Amount: 129,780.00