

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT FIELD OFFICE V

Regional Center Site, Rawis, Legazpi City, Albay

PURCHASE ORDER

Supplier:	HOTEL ST. ELLIS	PO. No.:	F-2304-0152
Address:	RIZAL ST., LEGAZPI CITY	Date:	April 26, 2023
Contact No.:	09171326844	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 DURING THE GOVERNMENT INTERNSHIP PROGRAM (GIP) ORIENTATION AND EVALUATION IN LEGAZPI CITY					
		May 29, 2023			-
	pax	PM Snack, Rental of Venue and Dinner	100	600.00	60,000.00
	pax	Accommodation	15	950.00	14,250.00
		May 30, 2023			-
	pax	Breakfast	15	200.00	3,000.00
		July 11, 2023			-
	pax	PM Snack, Rental of Venue and Dinner	100	600.00	60,000.00
	pax	Accommodation	15	950.00	14,250.00
		July 12, 2023			-
	pax	Breakfast	15	200.00	3,000.00
		Note: In case of fortuitous event or other circumstances (a) the number of participants is reduced and (b) adjustment/ change of dates shall be given consideration it shall be made prior to the conduct of activity			-
		Note: This includes all Amenities you conformed in the Standard Requirements for Venue attached in the RFQ.			-

COA- DSWD FOV
RECEIVED
 MAY 16 2023
 BY: *[Signature]* TIME: 3:25

Total Amount in Words: **One Hundred Fifty Four Thousand Five Hundred Pesos and No Centavos** **154,500.00**

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]
HOTEL ST. ELLIS
 Signature over Printed Name of Supplier

NORMAN S. LAURIO
 Regional Director *[Signature]*

Date: 5-16-23

Funds Available:

[Signature]
AMIABELLE N. QUINTANO, CPA
 Accountant III

ORS No.: 23-05-02732

Amount: 154,500.00