## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT FIELD OFFICE V Regional Center Site, Rawis, Legazpi City, Albay

## DI IDCHASE OPDED

		PURCHASE ORDER	PO. No.:	E/12/	04-0179
Supplier:		FIESTA BALLROOM AND SUITES		F 2304-0178	
Address:		CENTRAL CITY SUBD., TAHAO RD. LEGAZPI CITY	Date: Mode of	May 03, 2023  LEASE OF REAL PROPERTY AND VENUE  Charge	
Gentlemen: Place of Delivery: Date of Delivery:		Please furnish this Office the following articles subject to the terms and conditions contained herein:	Procurement:		
			Payment Term: Delivery Term:		
				10	
			For Delivery Schedule and Queries Please Contact C.M.U:		09636984404
Item No.	Unit		Quantity	Unit Cost	Amount
		PROVISION OF FOOD AND VENUE DURING THE CONDUCT OF THE PROVINCIAL SEMESTRAL TRAINING WORKSHOP ON STRENGTHENING SWDI BASED FULL CONTINUUM CASE MANAGEMENT FOR PANTAWID PROGRAM FIELD IMPLEMENTERS OF ALBAY			
	-	FIRST SEMESTER			
		JUNE 1, 2023			
	pax	AM Snack, Lunch, PM Snack and Rental of Venue	24	688.00	16,512.00
	pan	The strategy Earling & M. Strategy and Strat	×		-
	1	JUNE 2, 2023			
	pax	AM Snack, Lunch, PM Snack and Rental of Venue	24	688.00	16,512.00
	-		4		-
		SECOND SEMESTER			w :
		SEPTEMBER 18, 2023			•
	pax	AM Snack, Lunch, PM Snack and Rental of Venue	24	688.00	16,512.00
					-
		SEPTEMBER 19, 2023	04		40.540.00
	pax	AM Snack, Lunch, PM Snack and Rental of Venue	24	688.00	16,512.0
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			CA- DSW	TEOV	
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		100/10	MAY 23	2023	-
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		BY:		The second second	-
		B1: -//	TIME	: 11:03	-
				The same of the sa	-
		NOTE This includes all items you conformed indicated in the DEO			-
Total	Amount	NOTE:This includes all items you conformed indicated in the RFQ.		L	-
	Vords:	Sixty Six Thousand Forty Eight Pesos and No Cer	tavos		66,048.0

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:

FIESTA BALLROOM AND SUITES CORPORATION

Signature over Printed Name of Supplier

Date:

Funds Available:

AMIABELLEIN. QUINTANO, CPA

W Accountant III

**NORMAN S. LAURIO** Regional Director 5

ORS No.: