PR No.: F 2402-0046 DRN: V-FO-4PS-AS-SS-PROP-24-01-04154-9 nd-User: 4Ps DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT FIELD OFFICE V Regional Center Site, Rawis, Legazpi City, Albay PURCHASE ORDER VILLA ISABEL HOTEL CORP. Supplier: PO. No.: F 2403-0046 Address: FLORES ST, BURABOD, SORSOGON CITY Date: March 07, 2024 Mode of NEGOTIATED PROCUREMENT - LEASE OF Contact No. 09394422149 Procurement: REAL PROPERTY AND VENUE Please furnish this Office the following articles subject to the terms and conditions Payment Term: Charge Gentlemen: contained herein: Delivery Term: Days Place of Delivery: As indicated below 09636984404 For Delivery Schedule and Queries Date of 09923015628 Please Contact C.M.U: Delivery: 09552161070 Item No. Unit Quantity **Unit Cost** Amount PROVISION OF FOOD AND VENUE FOR THE 4P's PROVINCIAL PARTNERSHIP FORUM IN SORSOGON CITY, SORSOGON April 23, 2024 AM Snack, Lunch, PM Snack and Rental of Venue 25 pax 700.00 17,500.00 July 16, 2024 AM Snack, Lunch, PM Snack and Rental of Venue pax 25 700.00 17,500.00 November 19, 2024 pax AM Snack, Lunch, PM Snack and Rental of Venue 25 700.00 17,500.00 **Total Amount** 52,500.00 Fifty Two Thousand Five Hundred Pesos and No Centavos in Words Note: This includes All Amenities, you conformed in the Standard Requirements for Venue attached in the RFQ. Note: In case of fortuitous events or other circumstances that the number of participants is reduced, adjustment shall be made prior to the condut of the activity or in the succeeding days Note: Guaranteed only in the 1st day of activity or per advance notice of End User, While actual on the succeeding days. 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: NORMAN S. LAURI Regional Director Signature over Printed Name of Supplier Date: Funds Available:

AMIABELLE N. QUINTANO, CPA

ORS No.:

14.03-61784

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