nd-User:

V-FO-PROMSD-SLP-A-PR-24-03-17894-S

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT FIELD OFFICE V

Regional Center Site, Rawis, Legazpi City, Albay

PURCHASE ORDER

Supplier:		VILLA ROSITA HOTEL ^	PO. No.:	F 24	04-0194
Address:		GEN. LUNA ST., BRGY DINAGA, NAGA CITY	Date:	May 14, 2024	
Contact No.			Mode of		MENT - LEASE OF REAL PROPERT
Gentlemen: Place of Delivery: Date of Delivery:		Please furnish this Office the following articles subject to the terms and conditions	Procurement: Payment Term:	· ·	Charge
		contained herein:	Delivery Term:		Days
		As indicated below	For Delivery Schedule and Queries Please Contact C.M.U:		09636984404 09923015628 09552161070
Item No.	Unit	/	Quantity	Unit Cost	Amount
		PROVISION OF FOOD AND VENUE FOR THE SPECIAL PROJECTS FOCAL QUARTERLY MEETING CUM PROJECT VISIT IN NAGA CITY, CAMARINES SUR			
		IIII V 40 2024			-
	nov	. JULY 10, 2024 AM Snack, Lunch, PM Snack and Rental of Venue	39	640.00	- 24 000 00
	pax	AW Shack, Editor, FW Shack and Nemal of Vehice	39	040.00	24,960.00
		JULY 11, 2024			-
	pax	AM Snack, Lunch, PM Snack and Rental of Venue	39	640.00	24,960.00
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		Contract Management Section			-
		In: 8/16/24 Date/Time: 2/17			-
		The state of the s			-
		Out:Date/Time:			-
Total Amount in Words:					49,920.00
		Forty Nine Thousand Nine Hundred Twenty Pesos and N	43,320.0		

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.

C	ont	or	m	e:

Signature over Printed Name of Supplier

- Date:

NORMAN S. LAURIC **Regional Director**

Funds Available:

AMIABELLÉ N. QUINTANO, CPA

Accountant III

ORS No.:

Amount: