| Regional Center S | | PO. No.: Date: Mode of Procurement: | F 24(July | BS-PR-24-07-47732-H)7-0280 24, 2024 |
|--|--|---|--|--|
| Please furnish this Office the following articles subject contained herein: Place of Delivery: Item No. PURCI GAGAY HOTEL & RESC GAGAY HOTEL & RESC City of Masbate City of Masbate Contact No. 09306283675 Please furnish this Office the following articles subject contained herein: As indicated below Date of Delivery: Item No. Unit | HASE ORDER ORT INC. | PO. No.: Date: Mode of | F 24(| |
| GAGAY HOTEL & RESO | ORT INC. | Date: Mode of | July | |
| Address: Contact No. Og306283675 Please furnish this Office the following articles subject contained herein: Place of Delivery: Oate of Delivery: Item No. Unit | | Mode of | July | |
| Contact No. Gentlemen: Please furnish this Office the following articles subject contained herein: Place of Delivery: Date of Delivery: Item No. Unit | t to the terms and conditions | Mode of | | |
| Gentlemen: contained herein: Place of Delivery: As indicated below Date of Delivery: Item No. Unit | t to the terms and conditions | Procurement: | LEASE OF REAL PROPERTY AND VENUE Charge | |
| Contained herein: Place of Delivery: Date of Delivery: Item No. Unit | | Payment Term: | | |
| Date of Delivery: Item No. Unit | | Delivery Term: | | ays 09636984404 |
| Item No. Unit | ny. As indicated below | | For Delivery Schedule and Queries Please Contact C.M.U: 09923015628 09552161070 | |
| PROVISION OF FOOD AND VENUE FOR THE | | Quantity | Unit Cost | Amount |
| THE CM CUIDE CUM ORIENTATION AND FORMULATION ON MANUAL OF OPERATION MASBATE CITY July 25, 2024 | WORKSHOP ON THE | | | |
| pax AM Snack, Lunch, PM Snack and R | ental of Venue | 37 | 695.00 | 25,715.00 |
| Please see attached Standard Required | | | 000.00 | |
| Tibase see attached etandard requirer | monto for vondeo | | | - |
| | | | | - |
| | | | | - |
| Note: | | | | - |
| This includes an Amenities, you conformed in the Venue attached in the R | | FOV | | - |
| | | | | - |
| | Halland Continue | | | - |
| | AUG, 2 6 30 | 324 3-1 11 | | - |
| | | 000 | | - |
| Contract Manageroent Section | TIME | 16:28 | | <u> </u> |
| In: 8/27/24 Date/Time: 91:00 | (for the state of | | | - |
| Out:Date Time: | 0 , | | | - |
| | | | | - |
| in Words: Typicaty Five Thousand Seven Hundred Fifteen Pesos and | | No Centavos | | 25,715.00 |
| In: \$27724 Date / Time: Out: Date / Time: Total Amount in Words: Note: This includes All Amenities, you conformed in the Standard Requirements for Ver Note: In case of fortuitous events or other circumstances that the number of participant Note: Guaranteed only in the 1st day of activity or per advance notice of End User, When LIQUIDATED DAMAGES: One-Tenth Of One Percent (0.001) of the cost of the unperdamages reaches ten percent (10%) of the amount of the contract, the DSWD FOW available under the circumstances. Conforme: GAGAV HOTEL & RESO Signature over Printed Name of Standard Name of | Hundred Fifteen Pesos and enue attached in the RFQ. Its is reduced, adjustment shall be mile actual on the succeeding days. Informed portion of the contract formay rescind or terminate the coefficient of the contract format of the contract format rescind or terminate the coefficient of the contract format rescind or terminate the coefficient of the contract format rescind or terminate the coefficient of the contract format rescind or terminate the coefficient of the contract format rescind or terminate the coefficient of the contract format rescind or | No Centavos nade prior to the condu for every day of delay. ntract, without prejud | Once the cumulo | 25,715 In the succeeding days stive amount of liquid |

GERARD D. DE LEOZ Administrative Officer II ORS No.:

cris/2