

**DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT FIELD OFFICE V**

Regional Center Site, Rawis, Legazpi City, Albay

**PURCHASE ORDER**

Supplier:	<b>LEGAZPI SENTRO HOTEL, INC</b>	PO. No.:	<b>F 2410-0419</b>
Address:	Legazpi City	Date:	October 11, 2024
Contact No.:	09959441474	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:		Delivery Term:	
Date of Delivery:		For Delivery Schedule and Queries Please Contact C.M.U. <b>09636984404</b>	


Item No.	Unit	Description	Quantity	Unit Cost	Amount
		<b>PROVISION OF FOOD AND ACCOMMODATION FOR THE CENTRAL OFFICE TEAM MONITORING AND CONDUCT OF TIME AND MOTION STUDY OF CIS TRANSACTION IN LEGAZPI CITY</b>			
		<b>October 14, 2024</b>			
	pax	Lunch, Dinner and Accommodation	2	2,250.00	4,500.00
					-
		<b>October 15, 2024</b>			
	pax	Breakfast, Lunch, Dinner and Accommodation	2	2,250.00	4,500.00
					-
		<b>October 16, 2024</b>			
	pax	Breakfast, Lunch, Dinner and Accommodation	2	2,250.00	4,500.00
					-
		<b>October 17, 2024</b>			
	pax	Breakfast, Lunch, Dinner and Accommodation	2	2,250.00	4,500.00
					-
		<b>October 18, 2024</b>			
	pax	Breakfast and Lunch	2	500.00	1,000.00
					-
		<b>Room Requirement:</b>			
		1 room - 2 bed			
					-
		Contract Management Section			
		In: <u>11-07-24</u> Date/Time: <u>2:42</u>			
		Out: _____ Date/Time: _____			

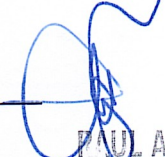
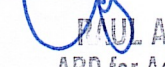
**RECEIVED**  
 NOV 07 2024  
 late P.O.  
 BY: \_\_\_\_\_ TIME: 3:10  
 COA-DSWD FOV


Total Amount in Words:	Nineteen Thousand Pesos and No Centavos	GRAND TOTAL	<b>19,000.00</b>
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**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:

  
**LEGAZPI SENTRO HOTEL, INC**  
 Signature over Printed Name of Supplier  
 Date: 10-14-24

  
**NORMAN S. LAURIO**  
 Regional Director  
  
**PAUL A. ENOJAS**  
 ARD for Administration

Funds Available:	 <b>WENDY G. RANCES</b> Accountant III	ORS No.: <u>24-10-13873</u>
		Amount: <u>19,000.00</u>