Signature over Printed Name of Chief Account Head of Accounting Division/Unk

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PURCHASE ORDER DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT IBP Road, Constitution Hills, Quezon City BRENTWOOD ELEMENTS VENTURE 2018-05-0381 PO No.: Supplier: CORP. (BRENTWOOD SUITES) May 8, 2018 #6 Dr. Garcia St., Brgy Paligsahan, Quezon City Date: Address: T-927-8888 loc 1018;F-415-4668/ 0917-848 7613 Tel. No.: Negotiated Procurerment -Mode of Procurement: 2014-123604 Philgeps # Lease of Venue 008-068-962-000 TIN: Gentlemen: Please furnish this office the following articles subject to the terms and conditions contained herein: Advise to Debit Account (ADA) Payment Term: BRENTWOOD SUITES Place of Delivery: Fifteen (15) to Thirty (30) days upon completion Payment Term: of supporting documents (per batch) Date of Delivery: Unit Amount Amount Quantity Description Stock / Property Unit 211,250.00 Inclusions: With good sound system, at least three (3) microphones and audio jack (with standby audio technician); Free use of projectors, whiteboard, markers, erasers, writing pads and pencils; Free tarpaulin and signages; Free flowing coffee/tea/water with hot and cold dispenser; Free candies/ nuts during sessions; With standby waiter and sound technician to attend to audio-visual equipment and food concerns; and Hotel should not transfer the pax to another hotel. AOQ NO. 18-0393 NP-LV PR No. 2018030744 Page 2 of 2 TWO HUNDRED ELEVEN THOUSAND TWO HUNDRED FIFTY PESOS ONLY (Total Amount in Words) In case of failure to make full delivery within the time specified above, the amount of the liquidated damages shall be at least equal to one-tenth of one percent (0.001) of the cost of the unperformed portion for every day of delay. Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, the Procuring Entity may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances. Billing Statement must be submitted within five (5) working days after the conduct of event. Very truly yours, Conforme: ALV IN Signature over Printed Name of Authorized Official printed name of Supplier Signature ove OIC-Director, Social Technology Bureau

Conforme:

Very truly yours,

HELEN Y. SUZARA

Signature over printed name of Supplier

Date

Fund Cluster:

JUBIE LEARMAE S. COLES

Signature over krinted Name of Chief Accountant/
Head of Accounting Division/Unit 1118

Very truly yours,

HELEN Y. SUZARA

Signature over Printed Name of Authorized Official

Coll-Director, Social Technology Bureau

Designation

ORS/BURS No.: 02-1010 01-7018-05-04815

Date of the ORS/BURS:

Amount

Amount