	A CONTRACTOR	PURCHASE DEPARTMENT OF SOCIAL W	ELFARE & DEVE	LOPMENT	X 80	<i>b</i>	
IBP Road, Constitution Hills,				У	2018-08-0900		
Supplier:		N PEAK HOTEL AND RESORTS SUITES	ALTO ANTICONE DE LA CONTRACTOR DE LA CON		August 15, 2018		
Address:		Ave. Cor. Escario St. Kampuhan Cebu City	Date :		NP- Lease of Venue		
Tel. No.:	233-97-70 228-372-701-000		Mode of Procurement :		NF- Lease of Terrar		
TIN:					2 2		
Gentleme	en:	this office the following articles subject to	the terms and co	nditions con	tained herein:		
		Gorordo Ave. Cor. Escario St. Kampuhan	Delivery Term:	:		185	
Place of Delivery: Cebu City				Fifteen (15	Fifteen (15) to Thirty (30) days upon		
Date of Delivery:			Payment Term	: completio	completion of supporting documents		
Stock / Property	Unit	Description		Quantity	Unit Amount	Amount	
No.		7. Complimentary backdrop inside the training 8. with Standby waiter & sound technician to visual equipment and food concerns. Complimentarty Backdrop inside the training Note: Hotels should not be offering shortern associated with motels and should not be across gambling establishment/ casinos are Hotel location should be appropriate for the professional discussion and conductive for Hotel can provide the required number of not transfer the participants to another hotel allows the secretariat and participant tapes/other papers in the wall but with not wall of course Hotel allows the secretariat to collect the the day. **Example 1. **Example 2. **Example 3. *	g venue m lodging situated beside or nd other similar ty e conduct of r productivity and rooms and should tel. to to post maskin to write ink in the remaining food w	rpe d	33)100-1-2 -		
	Amount in Words) n case of fa	One Hundred Fifty Nine Thousand Sevillars to make full delivery within the time sp	ven Hundred Fift	e amount of t	the liquidated dam	P 159,750 nages shall be at y. Once the	
leas	it equal to of nulative am	one-tenth of one percent (0.00 %) ount of liquidated damages reaches ten per pinate the contract, without prejudice to oth	cent (10%) of the er courses of act	amount of th ion and reme	dies available und	der the	
Т	he supplier	s. Iservice provider is required to submit the b	Juling Statement				
act	ivity.	MANA	Ve	ery truly yours,	Leine	7	
Signature over printed name of Supplier			- -	Signature over Printed Name of Authorized Official OIC-Director, SWIDB Designation			
		Date	lone	S/BURS No.:	02/01/01/0	no of AGD	
Fun	d Cluster:	(350100-1-2		e of the ORS/		7-18	
1	ds Availab		N.	ount	713	9,70)	
		Head of Accounting Division/Orthogon		THE RESERVE OF THE PROPERTY OF		STATE OF THE STATE	

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