

Ensuring businesses compete and consumers benefit

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(02) 771 9722

JOB ORDER

FT 7	ZOZINI MANAKA KINI PAR		DHENNE THE MANAGEMENT			angag and against the same and an analysis and an an	need a water and the same			
Supplier/Provider: Address		Quest Plus Conference Center (Mimosa Cityscapes, Inc.)				P. O. Number		201909-0183		
						Date		20-Sep-19		
		Montevista Villas, Acacia Drive, Clark Freeport Zone				P.R. No.		201909-0215		
		810-4131								
Tel./Fax No. : TIN :		009-291-598-000				Date Mode of Procurement		17-Sep-19 Lease of Venue		
										3
رت Gentlen	nen:									
		rnish this	Office th	e following articles sub	ject to the terms	and conditions contai	ined herei	n		
Item								Cost		
No.	No. Qty Unit Item Description						Unit	Total		
1		1	Lot	Provision of Venue including Food and Accommodation for the Conduct of MAO Office Planning on 23 to 25 September 2019			nduct of	145,800.00	145,800.0	

Λ	- 10/ 1					T			148 000 00	
	in Words:	ad Earth	Eine The	ousand Eight Hundred	Donne	Total:	bla Taxa	_	145,800.00	
•	one numa	eu rong	-rive iii	ousand Eight Hundred	resus	*Subject to Applica GROSS	ible Taxe	5	145,800.00	
4 Place of Delivery: Delivery Term:						- Pick-up - Deliver w/in 15 calendar				
							_	days from receipt of PO		
Date of Delivery/Completion: See attached Terms of Reference Payment Term:						□ -cop □		- Days after issua	ance of monthly	
whitehold will have all control					- COLUMN CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CO			invoice	administration and the same of the same and	
Vote:	ΔII materia	le renlace	ad during	the repair job shall be	currendered un	on delivery of equipme	ont to facil	itata pragoning of		
pay	yment. Unl	ess other	wise ind	icated, the above terms	and conditions	are deemed accepted	and form	nate processing of part thereof.		
5	Penalty Pr	ovision:				**************************************				
CVI	In case of	failure to	make the	e full delivery within the	time specified a	bove, a penalty of one	e-tenth of	one percent (0.00°	1)	
of the cos	t of the un	performe	d portion	for every day of delay.						
		1.			Very truly you	ırs, 1	- 1			
Conforme	C	-Km	S			for	med	Jamas -	-	
_		ISTIME	LA			KENNET	H V. TA	VATE, PhD		
	Supplier	signature	over pri	nted name		Executive Director a	nd Head	of the Procuring Er	ntity	
	Date: _	9 24 1	7			Date:		AL ALEXANDER OF THE STATE OF TH		
<u>6</u>) Funds Av	nilable :				Amount :	U		ALODO No.		
"ullus AV	aliable .				Date :			ALOBS No.:		
				(4)			************		Table State	
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							CHARLEST STATE STA			



Management System ISO 9001:2015

