



Ensuring businesses compete and consumers benefit

25/F Vertis North Corporate Center 1
North Avenue, Quezon City 1105
procurement@phcc.gov.ph
(+632) 771-9722

JOB ORDER

| | | | |
|---|--|---|--|
| 1 Supplier/Provider ACUAVERDE BEACH RESORT AND HOTEL INC. | | 2 J. O. Number 201902- 0035 <i>H</i> | |
| Address Batangas | | Date 02/14/2019 | |
| Tel./Fax No. +63 381-7757 | | P.R. No. 201902-0031 | |
| TIN 007-962-403-002 | | Date 02/20/2019 | |
| | | Mode of Procurement NP-LRPV | |

3
Gentlemen:
Please furnish this Office the following articles subject to the terms and conditions contained herein

| Item No. | Qty | Unit | Item Description | Cost | |
|----------|-----|------|--|------|-------------|
| | | | | Unit | Total |
| 1 | 1 | lot | Provision of Venue including Food and Accommodation for the conduct of Procurement Planning Workshop | | ₱185,400.00 |
| | | | Date Inclusive: 27-28 February and 01 March 2019 | | |
| | | | Number of participants: 27 pax | | |
| | | | Please see attached conformed Terms of Reference for detailed requirements. | | |
| | | | -----NOTHING FOLLOWS----- | | |

| | |
|--|--|
| Amount in Words (Gross): ONE HUNDRED EIGHTY FIVE THOUSAND FOUR HUNDRED PESOS | Total: ₱185,400.00 (***) (***)Subject to all applicables taxes) |
|--|--|

| | | |
|--|--|---|
| 4 Place of Delivery: Batangas | Delivery Term: <input type="checkbox"/> Pick-up <input type="checkbox"/> | - Deliver w/in 1 calendar days from receipt of JO |
| Date of Delivery/Completion: indicated above | Payment Term: <input type="checkbox"/> - COD <input checked="" type="checkbox"/> | - w/in 15 days after delivery |

Note: All materials replaced during the repair job shall be surrendered upon delivery of equipment to facilitate processing of payment. Unless otherwise indicated, the above terms and conditions are deemed accepted and form part thereof.

5
Penalty Provision:

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

Very truly yours,

Conforme:

Supplier signature over printed name
Date: _____

KENNETH V. TANATE, PhD
 Executive Director
 Date: _____

| | |
|------------------------|--|
| 6 Funds Available : | 7 Amount : _____ ALOBS No.: _____ Date : _____ |
|------------------------|--|