TRAINING/WORKSHOP ON THE USE OF AGENCY PROCUREMENT COMPLIANCE PERFORMANCE INDICATORS (APCPI) SYSTEM AND UPDATES IN THE REVISED IMPLEMENTING RULES AND REGULATIONS OF RA 9184

SUMMARY OF CONTRACT

March 29	
1,000.00/pax X 1 day X 84 pax	84,000.00
650.00/pax X 1 day X 67 pax (dinner)	43,550.00
March 30	
1,000.00/pax X 1 day X 84 pax	84,000.00
March 28-30 (2 nights accommodation)	
1,900.00/pax X 2 nights X 64 pax	243,200.00
	454,750.00
March 31 1,000.00/pax X 1 day X 65 pax 65,000.00	
April 1	/
1,000.00/pax X 1 day X 65 pax 65,000.00	130,000.00
1	584,750.00
	1,000.00/pax X 1 day X 84 pax 650.00/pax X 1 day X 67 pax (dinner) March 30 1,000.00/pax X 1 day X 84 pax March 28-30 (2 nights accommodation) 1,900.00/pax X 2 nights X 64 pax March 31 1,000.00/pax X 1 day X 65 pax 65,000.00 April 1

O3/16/16 Davielle Ramos



March 9, 2016

MS. CHERIE CARMEN B. DIVINA PHILIPPINE HEALTH INSURANCE CORP.

Tel: +63 9988609209 Email: dejesuse@philhealth.gov.ph

GUESTROOM REQUIREMENTS March 28-30, 2016

Dear MS. DIVINA:

Greetings from Richmonde Hotel Ortigas!

We are pleased to submit for your review our proposed rates for your room requirement scheduled on <u>March 28-30, 2016</u>. Indeed, we are grateful for the opportunity to be considered the venue for your forthcoming event.

ROOM RATE

Room Type	No. of pax	Room Rate per pax/nigh
Deluxe Twin	64	Php 1,900.00 nett
TOTAL		Php 243,200.00 nett

- Rate is applicable only for the above mentioned period.
- Rate is only applicable strictly for twin sharing room only.
- Rate is only applicable for a minimum of thirty two (32) rooms.

Room Rate Inclusions:

- Daily buffet breakfast at Richmonde Café
- Daily local newspaper
- Bottled water, replenished daily
- Complimentary use of Health Club facilities
- Complimentary use of heated indoor swimming pool, steam and sauna rooms
- 1 Complimentary room for March 28-30, 2016 on top of the 32 paying rooms.



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Ms. Divina, we hope that these arrangements meet all your requirements and should you require any clarification, please let us know. Currently, your booking is held on a tentative basis until we receive this signed contract.

Meanwhile, if you have questions or additional requirements, please feel to call us at 689 8408 and fax number 638 4650.

Once again, we thank you and look forward to welcoming you and your valued guests to Richmonde Hotel Ortigas, where service is distinctly personal!

Sincerely,

Conforme:

RICHMONDE HOTEL ORTIGAS

PHILHEALTH

Danielle C. Ramos Sales Account Manager

Cherie Carmen Divina Head of SBAC and Procurement

Quinto-Ermac

Director of Sales & Marketing

Company / Account : PHILIPPINE HEALTH INSURANCE CORP.

Contact : Ms. Ems de Jesus

Authorized Signatory : Ms. Cherie Carmen B. Divina

Address : 709 City State Centre Bldg., Shaw Blvd., Pasig City

Main/Direct Phone : +63 9988609209 Account Manager: Angela Angelo Fax /mobile/email : dejesuse@philhealth.gov.ph Date Issued : March 10, 2016

Date: Tuesday, 29 March 2016 (Day 1 of 4)

Event Dates: Mar. 29- Apr. 01, 2016

Time

Guaranteed Pax

Sequoia/Redwood/Sycamore (3/f)

08:00AM-08:00 PM

84 pax

LIVE-IN

A Conference Package rate of Php 1,000.00 nett per person for a minimum of 84 persons for 2 Snacks and Buffet Lunch from the Banquet menu and Php 650.00 nett per person for a minimum of 67 persons for Buffet Dinner from the Banquet menu shall be availed by the group.

Should the total bill be more than the minimum revenue required or the number of guaranteed persons, the Engager shall be billed based on the actual banquet cost or head count.

SET-UP: Round Table

LOBBY POSTING: Training /Workshop on the Use of APCPI and Updates on IRR of R.A. 9184

MENU **GUARANTEED NO. OF PERSONS**

AM SNACKS 84 persons

Serve Time: 10:00 am

Cheesy Potato Sald with Bacon Bits Served with Coffee or Tea

MENU

GUARANTEED NO. OF PERSONS

84 persons

Rate

Php 1,000.00 nett/head

BUFFET LUNCH

Serve time: 12:00 NN

Appetizer/Salad

Tropical Pineapple Salad

Chicken Roulade

Served with Bread Rolls and Butter

Soup

Egg Drop Soup

Main Course

Emince of Pork with Mushroom Sauce

Chicken Inasal

Fettuccini Putanesca

Buttered Seasonal V'egetable

Steamed Rice

Dessert

Apple Strudel with Vanilla Cream

Crema de Fruta

Assorted Cookies

Served with 1 Round of Iced Tea

MENU PM SNACKS

GUARANTEED NO. OF PERSONS 84 persons

Rate

Serve Time: 03:00 pm Mini Bacon and Cheese Pizza Served with Coffee or Tea

Company / Account : PHILIPPINE HEALTH INSURANCE CORP.

Contact : Ms. Ems de Jesus

Authorized Signatory : Ms. Cherie Carmen B. Divina

Address : 709 City State Centre Bldg., Shaw Blvd., Pasig City

Main/Direct Phone : +63 9988609209 Account Manager: Angela Angelo
Fax /mobile/email : dejesuse@philhealth.gov.ph Date Issued : March 09, 2016

Date: Tuesday, 29 March 2016 (Day 1 of 4)

Event Dates: Mar. 29- Apr. 01, 2016

MENU

GUARANTEED NO. OF PERSONS

Rate

BUFFET DINNER Serve time: 07:00 pm 67 persons

Php 650.00 nett per head

Appetizer/Salad

Salad Nicoise

Lumpiang Sariwa with Sweet Peanut & Garlic sauce

Served with Bread Rolls and Butter

Soup

Corn and Crab Soup

Main Course

Grilled Chicken with Honey Mustard Sauce Steamed Fish Fillet with Coconut Ginger Sauce Tagliatelle Alfredo Oriental Wok Fried Vegetable in Season Steamed Rice

Dessert

Plain Cheese Cake Fresh Fruit Slice

Served with 1 Round of Iced Tea

BEVERAGE REQUIREMENTS CPCMB.

- All other additional orders to be charged on a per consumption basis to the masterbill.
- Free Flowing Coffee and Tea

ENGINEERING REQUIREMENTS

- Extension Cord/ wires(2)
- Telephone Extension/local
- Microphone (2)
- Sound System

MEETING AND CONFERENCE ITEMS

- Complimentary parking passes (10)
- *** First come, first served basis, no reservations
- Pads and Pencils, Mint Candies
- Rostrum
- Whiteboard
- Laptop and LCD Projector c/o client- waived Electricity Charge
- White Screen
- Projector Table
- Flipcharts

COMPUTATION OF CHARGES:

Package Rate (whole day):

Php 1,000.00 nett per head

Guaranteed no. of Persons:

84 persons

Total:

Php 84,000.00 nett

Package Rate (dinner): Guaranteed no. of Persons: Php 650.00 nett per head

Total:

x 67 persons Php 43,550.00 nett

TOTAL CHARGES:

Php 127,550.00 nett

Company / Account : PHILIPPINE HEALTH INSURANCE CORP.

Contact : Ms. Ems de Jesus

Authorized Signatory : Ms. Cherie Carmen B. Divina

Address : 709 City State Centre Bldg., Shaw Blvd., Pasig City

Main/Direct Phone : +63 9988609209 Account Manager: Angela Angelo Fax /mobile/email : dejesuse@philhealth.gov.ph Date Issued : March 10, 2016

Date: Tuesday, 29 March 2016 (Day 1 of 4) Event Dates: Mar. 29- Apr. 01, 2016

BILLING ARRANGEMENT:

1) The Hotel should receive a copy of the signed Banquet Event Contract on or before March 14, 2016. Non receipt of this contract by this date would mean that the Hotel's offer was not accepted, hence, the Hotel has no further obligation under this contract.

 SEND BILL ARRANGEMENT. A LETTER OF AUTHORIZATION/ PURCHASE ORDER is requested to serve as guarantee. Kindly have all bills signed by the signatory immediately after the event.

3) A non-consumable room rental of Php 2,000.00 nett per hour per room will be charged should the function extend. Extension of the use of function room is subject to availability.

4) CANCELLATION OF THIS BOOKING IS NO LONGER ALLOWED. Should you decide to cancel Today, 10 March 2016 onwards, a cancellation fee equivalent to 100% of the total bill will be charged.

5) For function food to be taken out, the maximum guaranteed or the actual headcount whichever is greater will be charged.

PLEASE SEE ATTACHED GENERAL TERMS AND CONDITIONS OVERLEAF. KINDLY SIGN ON ALL PAGES TO INDICATE YOUR AGREEMENT AND FAX BACK A SIGNED COPY THROUGH 689-8401.

RICHMONDE HOTEL ORTIGAS:

Angela Angelo Banquet Sales Manager CONFORME:

Ms. Cherie Carmen B. Divina Head, SBAC and Procurement Office Phil. Health Insurance Corporation

Company / Account : PHILIPPINE HEALTH INSURANCE CORP.

Contact : Ms. Ems de Jesus

Authorized Signatory : Ms. Cherie Carmen B. Divina

: 709 City State Centre Bldg., Shaw Blvd., Pasig City Address

Main/Direct Phone : +63 9988609209 Account Manager: Angela Angelo : dejesusc@philhealth.gov.ph Date Issued : March 10, 2016 Fax /mobile/email

Date: Wednesday, 30 March 2016 (Day 2 of 4)

Event Dates: Mar. 29- Apr. 01, 2016

VENUE

Time

Guaranteed Pax

Sequoia/Redwood/Sycamore (3/f) 08:00AM-08:00 PM 84 pax

LIVE-IN

A Conference Package rate of Php 1,000.00 nett per person for a minimum of 84 persons for 2 Snacks and Buffet Lunch from the Banquet menu shall be availed by the group.

Should the total bill be more than the minimum revenue required or the number of guaranteed persons, the Engager shall be billed based on the actual banquet cost or head count.

SET-UP: Round Table

LOBBY POSTING: Training /Workshop on the Use of APCPI and Updates on IRR of R.A. 9184

GUARANTEED NO. OF PERSONS Rate MENU

AM SNACKS 84 persons Php 1,000.00 nett/head

Serve Time: 10:00 am Ham and Cheese Macaroni Salad

Served with Coffee or Tea MENU

GUARANTEED NO. OF PERSONS

Rate

BUFFET LUNCH

84 persons

Serve time: 12:00 NN

Appetizer/Salad

Chicken Barbecue Salad

Hawaiian Tuna and Macaroni Salad Served with Bread Rolls and Butter

Soup

Potato and Leek Soup Served with Croutons

Main Course

Fillet of Fish with Aurora Sauce Breaded Pork Chop with Mushroom Gravy Stir Fried Oriental Noodles with Shredded Beef Buttered Seasonal Vegetables Steamed Rice

Dessert

Strawberry Panacotta Mocha Squares Assorted Cookies

Served with 1 Round of Iced Tea

MENU GUARANTEED NO. OF PERSONS Rate 84 persons

PM SNACKS

Serve Time: 03:00 pm Mini Plain Ensaymada Served with Coffee or Tea

BEVERAGE REQUIREMENTS CPCMB.

- All other additional orders to be charged on a per consumption basis to the masterbill.
- Free Flowing Coffee and Tea

BANQUET EVENT CONTRACT

Company / Account : PHILIPPINE HEALTH INSURANCE CORP.

Contact : Ms. Ems de Jesus

Authorized Signatory : Ms. Cherie Carmen B. Divina

Address : 709 City State Centre Bldg., Shaw Blvd., Pasig City

Main/Direct Phone : +63 9988609209 Account Manager: Angela Angelo
Fax /mobile/email : dejesuse@philhealth.gov.ph Date Issued : March 10, 2016

Date: Wednesday, 30 March 2016 (Day 2 of 4)

Event Dates: Mar. 29- Apr. 01, 2016

ENGINEERING REQUIREMENTS

- Extension Cord/ wires(2)
- Telephone Extension/local
- Microphone (2)
- Sound System

MEETING AND CONFERENCE ITEMS

- Complimentary parking passes (10)
- *** First come, first served basis, no reservations
- Pads and Pencils, Mint Candies
- Rostrum
- Whiteboard
- Laptop and LCD Projector c/o client- waived Electricity Charge
- White Screen
- Projector Table
- Flipcharts

COMPUTATION OF CHARGES:

Package Rate:

Php 1,000.00 nett per head

Guaranteed no. of Persons:

x 84 persons Php 84,000.00 nett

TOTAL CHARGES:

BILLING ARRANGEMENT:

- The Hotel should receive a copy of the signed Banquet Event Contract on or before March 14, 2016. Non
 receipt of this contract by this date would mean that the Hotel's offer was not accepted, hence, the Hotel has no
 further obligation under this contract.
- SEND BILL ARRANGEMENT. A LETTER OF AUTHORIZATION/ PURCHASE ORDER is requested to serve as guarantee. Kindly have all bills signed by the signatory immediately after the event.
- A non-consumable room rental of Php 2,000.00 nett per hour per room will be charged should the function extend. Extension of the use of function room is subject to availability.
- 4) CANCELLATION OF THIS BOOKING IS NO LONGER ALLOWED. Should you decide to cancel Today, 10 March 2016 onwards, a cancellation fee equivalent to 100% of the total bill will be charged.
- 5) For function food to be taken out, the maximum guaranteed or the actual headcount whichever is greater will be charged.

PLEASE SEE ATTACHED GENERAL TERMS AND CONDITIONS OVERLEAF. KINDLY SIGN ON ALL PAGES TO INDICATE YOUR AGREEMENT AND FAX BACK A SIGNED COPY THROUGH 689-8401.

RICHMONDE HOTEL ORTIGAS:

CONFORME:

Angela Angelo Banquet Sales Manager

Ms. Cherie Carmen B. Divina
Head, SBAC and Procurement Office

Phil. Health Insurance Corporation

BANQUET EVENT CONTRACT

Company / Account : PHILIPPINE HEALTH INSURANCE CORP.

Contact : Ms. Ems de Jesus

Authorized Signatory : Ms. Cherie Carmen B. Divina

Address : 709 City State Centre Bldg., Shaw Blvd., Pasig City

Main/Direct Phone : +63 9988609209 Account Manager: Angela Angelo : March 10, 2016 Fax /mobile/email : dejesuse@philhealth.gov.ph Date Issued

Date: Thursday, 31 March 2016 (Day 3 of 4)

Event Dates: Mar. 29- Apr. 01, 2016

Sequoia/Redwood/Sycamore (3/f)

Time

Guaranteed Pax

Rate

08:00AM-08:00 PM 65 pax

LIVE-OUT

A Conference Package rate of Php 1,000.00 nett per person for a minimum of 65 persons for 2 Snacks and Buffet Lunch from the Banquet menu shall be availed by the group.

Should the total bill be more than the minimum revenue required or the number of guaranteed persons, the Engager shall be billed based on the actual banquet cost or head count.

SET-UP: Round Table

LOBBY POSTING: Training /Workshop on the Use of APCPI and Updates on IRR of R.A. 9184

MENU **GUARANTEED NO. OF PERSONS**

AM SNACKS

Php 1,000.00 nett/head 65 persons

Serve Time: 10:00 am Mini Bacon and Cheese Pizza Served with Coffee or Tea

MENU **GUARANTEED NO. OF PERSONS** Rate 65 persons

BUFFET LUNCH

Serve time: 12:00 NN

Appetizer/Salad

Mexican Quesadillas Garden Salad with Condiments & dressing

Served with Bread Rolls and Butter

Soup

Molo soup

Main Course

Beef Salpicao

Stir Fry Seafood with oyster sauce

Bake Macaroni

Sauteed Baguio Beans with sweet corn and dice bacon

Steamed Pandan Rice

Dessert

Mango short cake

Jello Buko Panadan

Served with 1 Round of Iced Tea

GUARANTEED NO. OF PERSONS MENU

65 persons

PM SNACKS

Serve Time: 03:00 pm

Mini Plain Ensaymada

Served with Coffee or Tea

BEVERAGE REQUIREMENTS CPCMB.

- All other additional orders to be charged on a per consumption basis to the masterbill.
- Free Flowing Coffee and Tea

BANQUET EVENT CONTRACT

Company / Account : PHILIPPINE HEALTH INSURANCE CORP.

Contact : Ms. Ems de Jesus

Authorized Signatory : Ms. Cherie Carmen B. Divina

Address : 709 City State Centre Bldg., Shaw Blvd., Pasig City

Main/Direct Phone : +63 9988609209 Account Manager: Angela Angelo
Fax /mobile/email : dejesuse@philhealth.gov.ph Date Issued : March 09, 2016

Date: Thursday,31 March 2016 (Day 3 of 4)

Event Dates: Mar. 29- Apr. 01, 2016

ENGINEERING REQUIREMENTS

- Extension Cord/ wires(2)
- Telephone Extension/local
- Microphone (2)
- Sound System

MEETING AND CONFERENCE ITEMS

- Complimentary parking passes (10)
- *** First come, first served basis, no reservations
- Pads and Pencils, Mint Candies
- Rostrum
- Whiteboard
- Laptop and LCD Projector c/o client- waived Electricity Charge
- White Screen
- Projector Table
- Flipcharts

COMPUTATION OF CHARGES:

Package Rate:

0.00

Php 1,000.00 nett per head

Guaranteed no. of Persons:

65 persons

TOTAL CHARGES:

Php 65,000.00 nett

BILLING ARRANGEMENT:

- 1) The Hotel should receive a copy of the signed Banquet Event Contract on or before March 14, 2016. Non receipt of this contract by this date would mean that the Hotel's offer was not accepted, hence, the Hotel has no further obligation under this contract.
- 2) SEND BILL ARRANGEMENT. A LETTER OF AUTHORIZATION/ PURCHASE ORDER is requested to serve as guarantee. Kindly have all bills signed by the signatory immediately after the event.
- A non-consumable room rental of Php 2,000.00 nett per hour per room will be charged should the function extend. Extension of the use of function room is subject to availability.
- 4) CANCELLATION OF THIS BOOKING IS NO LONGER ALLOWED. Should you decide to cancel Today, 10 March 2016 onwards, a cancellation fee equivalent to 100% of the total bill will be charged.
- For function food to be taken out, the maximum guaranteed or the actual headcount whichever is greater will be charged.

PLEASE SEE ATTACHED GENERAL TERMS AND CONDITIONS OVERLEAF. KINDLY SIGN ON ALL PAGES TO INDICATE YOUR AGREEMENT AND FAX BACK A SIGNED COPY THROUGH 689-8401.

RICHMONDE HOTEL ORTIGAS:

CONFORME:

Angela Angelo Banquet Sales Manager

Ms. Cherie Carmen B. Divina Head, SBAC and Procurement Office

Phil. Health Insurance Corporation

BANQUET EVENT CONTRACT

Company / Account : PHILIPPINE HEALTH INSURANCE CORP.

: Ms. Ems de Jesus Contact

Authorized Signatory : Ms. Cherie Carmen B. Divina

: 709 City State Centre Bldg., Shaw Blvd., Pasig City Address

Account Manager: Angela Angelo : +63 9988609209 Main/Direct Phone : March 10, 2016 Date Issued : dejesuse@philhealth.gov.ph Fax /mobile/email

Date: Friday, 01 April 2016 (Day 4 of 4)

Event Dates: Mar. 29- Apr. 01, 2016

VENUE Sequoia/Redwood/Sycamore (3/f)

Time 08:00AM-08:00 PM Guaranteed Pax

65 pax

A Conference Package rate of Php 1,000.00 nett per person for a minimum of 65 persons for 2 Snacks and Buffet Lunch from the Banquet menu shall be availed by the group.

Should the total bill be more than the minimum revenue required or the number of guaranteed persons, the Engager shall be billed based on the actual banquet cost or head count.

SET-UP: Round Table

LOBBY POSTING: Training /Workshop on the Use of APCPI and Updates on IRR of R.A. 9184

GUARANTEED NO. OF PERSONS Rate MENU Php 1,000.00 nett/head

65 persons AM SNACKS Serve Time: 10:00 am

Ham and Cheese Macaroni Salad Served with Coffee or Tea

GUARANTEED NO. OF PERSONS

Rate

BUFFET LUNCH

65 persons

Serve time: 12:00 NN

Appetizer/Salad

Chicken Barbecue Salad

Hawaiian Tuna and Macaroni Salad Served with Bread Rolls and Butter

Soup

MENU

Potato and Leek Soup Served with Croutons

Main Course

Fillet of Fish with Aurora Sauce Breaded Pork Chop with Mushroom Gravy Stir Fried Oriental Noodles with Shredded Beef Buttered Seasonal Vegetables Steamed Rice

Dessert

Strawberry Panacotta Mocha Squares Assorted Cookies

Served with 1 Round of Iced Tea

GUARANTEED NO. OF PERSONS Rate MENU PM SNACKS 65 persons

Serve Time: 03:00 pm Cheesy Potato Salad with Salad Served with Coffee or Tea

BEVERAGE REQUIREMENTS CPCMB.

- All other additional orders to be charged on a per consumption basis to the masterbill.
- Free Flowing Coffee and Tea

BANQUET EVENT CONTRACT

Company / Account : PHILIPPINE HEALTH INSURANCE CORP.

Contact : Ms. Ems de Jesus

Authorized Signatory : Ms. Cherie Carmen B. Divina

Address : 709 City State Centre Bldg., Shaw Blvd., Pasig City

Main/Direct Phone : +63 9988609209 Account Manager: Angela Angelo
Fax /mobile/email : dejesuse@philhealth.gov.ph Date Issued : March 10, 2016

Date: Friday, 01 April 2016 (Day 4 of 4)

ENGINEERING REQUIREMENTS

- Extension Cord/ wires(2)
- Telephone Extension/local
- Microphone (2)
- Sound System

MEETING AND CONFERENCE ITEMS

- Complimentary parking passes (10)
- *** First come, first served basis, no reservations
- Pads and Pencils, Mint Candies
- Rostrum
- Whiteboard
- Laptop and LCD Projector c/o client- waived Electricity Charge
- White Screen
- Projector Table
- Flipcharts

COMPUTATION OF CHARGES:

Package Rate: Php 1,000.00 nett per head

Guaranteed no. of Persons: x 65 persons
TOTAL CHARGES: Php 65,000.00 nett

BILLING ARRANGEMENT:

- The Hotel should receive a copy of the signed Banquet Event Contract on or before March 14, 2016. Non
 receipt of this contract by this date would mean that the Hotel's offer was not accepted, hence, the Hotel has no
 further obligation under this contract.
- 2) SEND BILL ARRANGEMENT. A LETTER OF AUTHORIZATION/ PURCHASE ORDER is requested to serve as guarantee. Kindly have all bills signed by the signatory immediately after the event.
- A non-consumable room rental of Php 2,000.00 nett per hour per room will be charged should the function extend. Extension of the use of function room is subject to availability.
- 4) CANCELLATION OF THIS BOOKING IS NO LONGER ALLOWED. Should you decide to cancel Today, 10 March 2016 onwards, a cancellation fee equivalent to 100% of the total bill will be charged.
- 5) For function food to be taken out, the maximum guaranteed or the actual headcount whichever is greater will be

PLEASE SEE ATTACHED GENERAL TERMS AND CONDITIONS OVERLEAF. KINDLY SIGN ON ALL PAGES TO INDICATE YOUR AGREEMENT AND FAX BACK A SIGNED COPY THROUGH 689-8401.

RICHMONDE HOTEL ORTIGAS:

Angela Angelo
Banquet Sales Manager

Ms. Cherie Carmen B. Divina Head, SBAC and Procurement Office Phil. Health Insurance Corporation

CONFORME:

Event Dates: Mar. 29- Apr. 01, 2016

GENERAL TERMS AND CONDITIONS



1. DEPOSIT AND PAYMENT REQUIREMENTS

It is agreed that the details on this Banquet Event Order / Contract are complete and correct. To consider our agreement definite and confirmed, the non-refundable deposit required under the billing arrangement of the contract shall be paid. The billing arrangement must be fully complied with otherwise; we shall cancel your function with no obligation to **Richmonde Hotel Ortigas** and vice versa.

2. CANCELLATION

2.1 If the contract has already been signed and without any prior notice of cancellation, the Hotel may opt to proceed with the function on the date and according to the details stated in the Contract even without the deposit. In such a case, you shall settle the total price with the Hotel in accordance with the terms of the Contract. The option, however, to proceed with the function without the required deposit, shall remain solely with the Hotel and shall not be construed herewith as a demandable obligation on its part.

2.2 Please refer to the Billing Arrangement stated in the Banquet Event Contract.

2.3 Deposit paid shall be applied to the cancellation fee and any balance outstanding is payable immediately.

2.4 In the event of force majeure, fortuitous events, acts of God and all other acts beyond the control of or not attributable to the fault or negligence of the Hotel, the occurrence of which event may compel the Hotel to cancel the reservation, the Hotel shall not be liable for any and all claims demands, liabilities, actions and causes of action which may arise from or in connection with such cancellation. However the client shall be refunded in full (without interest) of any payment already made.

3. MINIMUM GUARANTEE ATTENDANCE AND VENUE ALLOCATION

Charges of your function will be based on the minimum guaranteed number of persons attending the function or the actual number, whichever is greater. Adjustments in your guaranteed number can be made three (3) calendar days before the function date subject to the capacity of the function room. Any reduction in the minimum guarantee will be subject to reallocation of venue and or increase in food charges / room hire. Likewise, the hotel has the right to reallocate the venue of a function not in accordance to the minimum guaranteed number of persons attending the function.

4. FOOD AND BEVERAGE POLICY

4.1 Should your actual number of guests exceed more than 10% of the guaranteed number, you shall hold us free and harmless from any liability whatsoever which may be suffered by us, by any person, or for any inconvenience that may be cause thereby.

4.2 All food and beverage items shall be purchased exclusively from the Hotel. Any food items taken out from the Hotel shall be subject to the policies established by the Hotel. The Hotel shall charge corkage fee should it authorize the bringing in of additional food and beverage items.

5. FUNCTION ROOM HOURS/SURCHARGE / NIGHT SET-UP FEE

5.1 Client's function shall begin promptly at the scheduled time and function room / s shall be vacated promptly as scheduled. Function rooms shall not be available for use earlier or later than the time stated in the contract.

5.2 Should the function room be available for extension, an overstay charge based on a per hour cost will be applicable to the client at the discretion of the Banquet Account Manager

6. ENTERTAINMENT NOISE LEVEL

All entertainments requirements for the event are to be approved prior to the event by the hotel in addition to place, timing, and noise pollution levels of the planned entertainment. The hotel reserves the right to reduce volume levels should these levels exceed the comfort level and cause inconvenience to other guests

7. GUESTS CONDUCT

Richmonde Hotel Ortigas reserves the right of admission and entry of persons entering the hotel premises. Management / Security reserves the right to have individual/s removed from the hotel the in the event that the client/s, clients guests or their guests' behavior become unacceptable and cause embarrassment or discomfort to others (guests or hotel staff).

8. DAMAGES AND LIABILITY

- 8.1 Decorations filled with highly flammable or combustible materials shall not be displayed within the premises of the Hotel. Likewise, the Hotel disallows tacking, posting, hammering or painting any of the walls, carpet or ceiling of the function room of the Hotel. The client shall provide carpet protectors during set-up and breakdown of exhibits, décor, displays, etc.
- 8.2 The client shall be responsible for the retrieval of the items from the Hotel after the function. If any item/s remain/s unclaimed within 12 hours after the function, the Hotel shall dispose of the said item/s.

8.3 Any loss, damages or injury that the Hotel and or the Hotel guests may suffer attributed to the acts or omission on part of the client and/or client's guests during the contracted function shall be for client's account and/or liability.

8.4 Clients shall be solely responsible for his/her and guest's personal belongings or items exhibited. The Hotel shall not be held liable for any damage to or loss of client and guest's personal belongings.

8.5 In case of a suit due to non-settlement of your obligation arising from this contract, attorney's fees litigation cost and other expenses shall be charged to the client.

If the foregoing terms and conditions meet with your approval, please indicate your conformity on the space provided and return to us the signed duplicate copy of this contract.

Thank you for choosing The Richmonde Hotel Ortigas. We will do our best to make your function a success.

Prepared By: Date:

March 10, 2016

Angela/Angelo
Banquet Sales Manager

Conforme:

Ms. Cherie Carmen B. Divina Head, SBAC and Procurement Office Philippine Health Insurance Corporation