

POMM-P-006

## JOB ORDER

Supplier: **JSAVE REALTY CORPORATION/Costa Palawan Resort**  
Address: **E. Ponce De Leon Road, San Pedro, Puerto Princesa City, Palawan**  
Contact Details: **costapalawanresort@gmail.com**  
Mode of Procurement: **Negotiated Procurement - Lease of Real Property and Venue (Sec. 53.10)**

JO No: **2024-11-097**  
Date: **November 21, 2024**  
Terms of Payment: **On Account**

Please deliver to this office the following item/s

No.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	Lot	<b>Lease of Venue with Meals and Accommodation for the conduct of Social Health Insurance Education Series (SHInES) for Indigenous People Leaders of Palawan</b>  <b>Availability:</b> To be conducted on November 25-26, 2024. <b>Location and Site Condition:</b> The hotel/venue is preferably within the vicinity of Puerto Princesa, Palawan. <b>Neighborhood Data:</b> Location is within 10km radius from Police and Fire Station and accessible to hospital in case of emergency. <b>Venue and Amenities:</b> a) Foundation is made of concrete and structural steel materials, or combination of both; b) Compliant with the standards provided by the building code of the Philippines; c) Availability of function room during the activity; d) Free use of Wi-fi; e) <b>Conference/Function Rooms</b> • Can accommodate up to 60 pax • Well-lighted, ventilated and fully air-conditioned; • Amenities: 1. Free (8-10) hours use of function room; 2. Free use of audio/visual equipment with 2 microphones, LCD projector with white screen/any flat wall projection or at least 42 inches TV; 3. Tables and chairs for participants; 4. Restroom <b>Hotel/Lodging</b> • Shall be located within the same venue; • Please see Annex A of the Technical Specification for the details. <b>Meals</b> A. Within consideration to dietary requirements of some participants such as but not limited to, Halal prepared menu, menu for participants who have medical conditions (diabetic and vegetarian); B. Location/set-up of the food shall be at the function room; C. Please see Annex B of the Technical Specification for the menu. D. Setting: Managed Buffet <b>PAYMENT:</b> Shall be through Send Bill and made upon receipt of the billing statement from the Supplier.  <div style="text-align: right;"> <b>NOTHING FOLLOWS</b> </div>	217,400.00	217,400.00
			<b>Subtotal</b>		217,400.00
			<b>Less: CVAT 5%</b>	9,705.36	
			<b>EWT 2%</b>	3,882.14	13,587.50
			<b>TOTAL</b>		203,812.50
			<b>PR No.: PRO-PROC-2024-0010</b> <b>PR Date: October 11, 2024</b>		

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**Terms and Conditions:**

1. The Supplier shall deliver the supplies/goods on the schedule date and in accordance with the technical Specifications made as as integral part of this agreement and herein attached as Annex A.
2. The Supplier must provide Delivery Receipt (DR) and Sales Invoice (SI) on the day of delivery of the goods.
3. Defective, incompatible or non-compliant supplies/goods as to specifications when quoted shall be rejected and returned to the Supplier at the time of delivery.
4. PRO IV-B shall impose a penalty in an amount equivalent to 1/10 of one percent (15) of the cost of delayed supplies/goods scheduled for delivery for every day of delays liquidated damages.
5. The authorized representative/s of the Supplier shall pick-up its payment at PRO IV-B place of business.
6. If the date receipt of PO by the Supplier is not indicated, it shall be deemed received on the day it was acknowledged to have been received by their representative/s either personally or by email.
7. The owner or authorized representative/s shall sign a mutual Non-Disclosure Agreement (NDA)
8. The individual/s representing the Supplier declares and states that he/she had been duly authorized by the entity's board of directors/trustees or owner to negotiate, enter and sign this Agreement. If such representation proves to be false, he/she shall fully understand that he/she can be held personally responsible for any legal consequences that may arise therefrom.
9. The contracting parties undertake to comply with office Order No. 0053-2015 " Reiteration of Philhealth No Gift Policy (Revision 2) which is deemed incorporated in this PO No Philhealth personnel shall solicit, demand or accept, directly or indirectly, any gift from any person, group or association or juridical entity, wether from [public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or which in connection with any transaction which may affect the functions of their office or influence the actions of directors or employees or create the appearance of a conflict of interest.

Very truly yours,

**ARACELI J. LAINEZ**  
Division Chief IV, MSD

Certified Budget Available: Funds Available in the amount of Php 217,400.00

**CELY P. FADERAGAO**  
SIO II/Budget Officer Designate  
**SHARMAINE PAULINE P. LACORTE**  
Fiscal Controller III

Within the COB: **2024 MOOE**  
Expense Code: **5029901002**  
Budget: **Php 217,400.00**  
Remarks: **001 2024-11-00327**

Conforme: **MELANIE C. SAN JUAN**  
Signature over Printed Name of Authorized Representative

Approved by:

**ATTY. JERRY F. IBAY**  
Regional Vice-President  
Date Approved:

**NOV 22 2024**

Received copy of JO:

Date: **November 22, 2024**