

PURCHASE REQUEST

Entity Name: DSWD FO VI Fund Cluster: 1

Office/Section: <u>SLP</u>	PR No.: <u>2020-11-1910</u>	Date: <u>November 19, 2020</u>
Responsibility Center Code: _____		<i>WP</i>

Stock/ Property No.	Unit	Item Description	Quantity	Unit Cost	Total Cost
	PAX	Catering with Free Venue May 4, 2021 1 MEAL(Lunch) & 2 SNACKS	26	500.00	13,000.00
<p>with the following inclusions:</p> <ul style="list-style-type: none"> *Provision of meals will start with AM Snacks and ends PM Snacks(packed meals) *Free flowing coffee, hot and cold drinking water *Dining hall and air conditioned function room with working area for the secretariat and with the following amenities: <ul style="list-style-type: none"> -LCD widescreen with projector, PA system with atleast 4 microphones, audio jack and extension cords each function rooms, movable tables and chairs and 1 secretariat table, Flip board/white board with white board pen - Fast internet access that can cater 20 live audience for online workshops/activities - Physical Distancing should be observe on the arrangements of tables and chairs - Availability of footbath, handwashing area, isolation area and thermal scanner - Free Alcohol and/or Sanitizer in each table and at the entrance and exit of the venue - PWD Friendly, With Parking Space -Stand by waiters/s and technical to attend to food and sound concerns <p>Additional:</p> <ul style="list-style-type: none"> * Minimal changes on the schedule may be made due to unforeseen and valid reasons. Proper coordination will be made before the final schedule 					
					13,000.00

DSWD FIELD OFFICE VI
 BIDS & AWARDS COMMITTEE
 2020-11-1066
 DATE PCVD _____ TIME _____
 REVD BY: *[Signature]*

ADA VERONICA C. GREGIO
 PDO III

PROCUREMENT
SHORT OF AWARD

[Signature]

Purpose: *Catering with free venue for the Conduct of Orientation on SLP Modalities and Processes for the Provision of Livelihood Assistance to Intended Beneficiaries of EO 70 to Select Local Government Units on May 4, 2021, within Iloilo City*

<p>Requested by:</p> <p>Signature: _____</p> <p>Printed Name: ASUNCION M. SANTIAGO</p> <p>Designation: OIC/DC, Promotive Services^M</p>	<p>Approved by:</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">MA. EVELYN B. MACAPOBRE, CESO III</p> <p style="text-align: center;">REGIONAL DIRECTOR</p>
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