

Construction Industry Authority of the Philippines JOB ORDER

CIAP-F-PrM-02 Rev. No.: 00

| Supplier/Provider : | | ST. GILES HOTEL (MANILA) INC. | | | J.O. No. : | 2024-11-102 | | | |
|--|---------------------------|-----------------------------------|---|--|---|---|------------------|-----------|--|
| Address: | | | | | Date: | 25 November 2 | 25 November 2024 | | |
| | | Makati / | Ave., cor. K | alayaan Avenue Makati City | P.R. No. | 24-10123 | | | |
| Tel. / Fax No.: | | 8988-98 | 888/091750 | 00593 | Date : | 29 October 2024 | | | |
| TIN: | | 240-029-766-00000 | | | Mode of Procurement: | NP-Lease of Real Property and Venue (Sec. 53.10) | | | |
| | | | | | Wood of Frodromont. | Toda: do: 10) | | | |
| 3 Sir | / Ma'am: Please fur | nish this C | Office the fo | llowing articles subject to the terms | and conditions contained herein: | | | | |
| Item | Stock No. | Qty. | Unit | Description | | Cost | | | |
| No. | OLOGIC IVO. | South Company | | | | Unit | _ | Total | |
| 1 | | 1 | Provision of Lease of Venue with I Meeting on 04 Dec 2024 11:00 AM Inclusions: -Lunch Buffet -PM snacks | ▶ 35,000.00 | ₽ | 35,000.00 | | | |
| | | | | ***Nothing Follows*** | | | | | |
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| Amount in Words: Total P 35,000.00 | | | | | | | | 35,000.00 | |
| | | | | | *Subject to applicable taxes | | | , | |
| | THI | RTY FIVE THOUSAND PESOS ONLY | | | Total P 35,000.00 | | | | |
| Total | | | | | | | | | |
| Date of | of Delivery: Delivery: | CIAP Mak | ati Office | | ent (Landbank); 30 calendar days aft □ Deliver within - calendar days fron | | | olier | |
| 5 Pen | alty Provision | n: to make t | he full deliv | very within the time enecified shove | a negative of one-tenth (1/10) of or | ne percent (1%) fo | or eve | ry day of | |
| In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed on the undelivered item/s. | | | | | | | | | |
| Conforme: Very truly yours. | | | | | | | | | |
| taley man | | | | | | | | | |
| Authorized Supplier Signature over Printed Name Authorized Supplier Signature over Printed Name ATTY. JEROME A. MATAS Executive Director, CIAC | | | | | | | | | |
| 11 2 7 2 4 Date | | | | | | Date | - | | |
| 6 | | | | | | | | | |
| Fund | Cluster: | | | | ORS/BURS No. : | - | | | |
| Funds | | Date of the ORS/BURS: Amount : | | _ | | | | | |
| Chief Accountant/Head of Accounting Division/Unit | | | | | | | | | |