Construction Industry Authority of the Philippines

JOB ORDER

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

CIAP

1		2	
Supplier/Provider :	THE LAKE HOTEL TAGAYTAY INC.	J.O. No. :	2025-02-014
Address:	Km 58 Maharlika East, Gen.Emilio Aguinaldo Highway, Tagaytay City	Date :	21 February 2025
		P.R. No.	25-02019
Tel. / Fax No.:	(046) 413-4680/0967-388-5358	Date :	6 February 2025
TIN:	006-876-739-00000	Mode of Procurement:	NP-Lease of Real Property and Venue (Sec. 53.10)

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Sir / Ma'am:

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

Item No.	Stock No.	Qty.	Unit	Description	Cost Unit	Cost Total
1		1	Lot	Lease of Venue with Meals and Accommodation for the CIAP Agency Wide Operational Planning Conference on 13-14 March 2025 for 46 pax Room Accommodation: Check In: 13 March 2025 Check Out: 14 March 2025 Inclusive of complimentary breakfast Function Room: 13 March 2025 / 8:00 AM to 8:00 PM AM/PM snacks, Lunch and Dinner 14 March 2025 / 8:00 AM to 12:00 PM AM snack and Lunch	₱ 321,860.00	₱ 321,860.00
				Nothing Follows		

Amount in Words:

THREE HUNDRED TWENTY ONE THOUSAND EIGHT HUNDRED SIXTY PESOS ONLY

Total	₱ 321,860.00
*Subject to applicable taxes	
Total	₱ 321,860.00

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Place of Delivery: Makati City

Date of Delivery:

Payment Term: ☐ Check Payment (Landbank); calendar days after complete delivery

Delivery Term: ☐ Pick-Up ☐ Deliver within - calendar days from receipt of PO/JO by supplier

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 (1%) for every day of delay shall be imposed on the undelivered item/s.

Conforme:

IVAN FENNO C. CASAGOLA

Authorized Supplier Signature over Printed Name

02-24-25

Date

Very truly yours,

ATTY. HERBERT DG. MATIENZO

Acting Executive Director, CIAP

Atty Herbert DG Matienzo

Digitally signed by Atty Herbert DG Matienzo
Date: 2025.02.24 11:35:22 +08'00'

21-Feb-25

Date

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Fund Cluster:

Funds Available:

Chief Accountant/Head of Accounting Division/Unit

ORS/BURS No. :

Date of the ORS/BURS:

Amount :

CamScanner