



# WORK ORDER

DELIVERY DUE DATE: COD

Procurement Unit  
Tel No. 045-606-8142

Supplier : **CJH HOTEL CORP.**  
Address : **Loakan Road, Baguio City**  
TIN : **005-067-044-000 VAT Reg.**  
Tel. No. : **0926-063-4199**

Work Order No.: **2024-334**  
Date : **10/11/2024**  
JO No. : **2024-399**  
Date : **10/2/2024**  
Mode of Procurement: **Small Value**  
Mode of Payment: **COD**

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work on **October 28-30, 2024**, upon receipt of the Work Order as per quotation submitted by you duly approved by the TSU Committee on Bids and Awards and the President of the Agency

QTY.	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1	lot	<b>LABOR AND MATERIALS: CATERING AND ACCOMMODATION SERVICES</b> -Catering Services, Rental of Accommodation of Key Officials/Admin. Council members and other personnel, and conference area during Tarlac State University Planning for 2025-2026, to be held in Baguio City on October 28-30, 2024  <b>I. PACKAGE RATE</b> -Total Package Rate: Php 897,300net -Based on 80 persons minimum guaranteed -Above package rate is exclusive for a minimum of 80 persons. Below the minimum guaranteed of 80 persons is subject to rate adjustment  <b>II. EVENT REQUIREMENTS</b> -Room Rates -Type of Room: (Superior Quad), Date of Stay: (October 28-30, 2024), Number of Nights: (2), No of Rooms: (11) -Type of Room: (Superior Triple), Date of Stay: (October 28-30, 2024), Number of Nights: (2), No of Rooms: (5) -Type of Room: (Superior Twin), Date of Stay: (October 28-30, 2024), Number of Nights: (2), No of Rooms: (3) -Type of Room: (Superior Single), Date of Stay: (October 28-30, 2024), Number of Nights: (2), No of Rooms: (8)	897,300.00	<b>897,300.00</b>

(Please read carefully at the back hereof)

Charge to: 02-766191  
ROA No.: 2024-10-9320  
CONFORME & RECEIVE COPY:



FUNDS AVAILABLE:  
JASPER A. VAUDER, CPA  
Budget Officer

CJH HOTEL CORP. 10/17/24  
Firm/Designated Contractor  
BETHAN  
Date

Bank Account Name: **CJH HOTEL CORP**  
Bank Account Number: **0421 017589 202**  
Bank Name: **SECURITY BANK**  
Bank Address: **SBC BLDG, ABANAO ST COR SHANGEM ST. BAGUIO CITY**

APPROVED:  
DR. ARNOLDO E. VELASCO  
President  
Authorized Official





# WORK ORDER

DELIVERY DUE DATE: COD

Procurement Unit  
Tel No: 045-606-8142

Supplier : **CJH HOTEL CORP.**  
Address : **Loakan Road, Baguio City**  
TIN : **005-867-044-000 VAT Reg.**  
Tel. No. : **0926-063-4199**

Work Order No.: **2024-334**  
Date : **10/11/2024**  
JO No. : **2024-399**  
Date : **10/2/2024**  
Mode of Procurement: **Small Value**  
Mode of Payment: **COD**

SIR/MADAM:

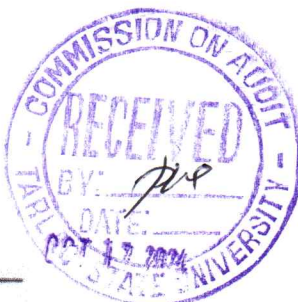
You are hereby advised to accomplish/deliver the following job/work on October 28-30, 2024 upon receipt of the Work Order as per quotation submitted by you duly approved by the TSU Committee on Bids and Awards and the President of the Agency

QTY.	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
		-9 Drivers quarter Oct. 28-30, 2024 Note: We are not holding any room or function venue as of this writing ► <b>Inclusions and Room Feature:</b> -Above rates are inclusive of applicable government taxes -Rates are Exclusive of breakfast -Bottled water replenish daily -Cable television -IDD/NDD phone system -WIFI access -In-room safe deposit box -Mini refrigerator -Coffee/tea making facilities ► Check-in time: 3:00PM and Check-out time: 11:00AM. Late check-out is subject to availability. Additional zoom charge applies ► Banquet Requirements for 87 persons ► <b>Day 1/Oct 28, 2024</b> Venue: CAP-John Hay Trade and Cultural Center (located outside the hotel, within Camp Jobs Hay) -Managed buffet lunch -PM Snack -Managed buffet dinner -Flowing coffee and tea ► <b>Day 2/Oct 29, 2024</b> Meals: Managed Buffet breakfast at CAP Convention		

(Please read carefully at the back hereof)

Charge to: 02-766441  
ROA No. : 124-10-5940  
CONFORME & RECEIVE COPY :

**CJH HOTEL CORP.**  
Firm/Dealer/Contractor  
**BETH DAP**  
Date: 10/17/24



FUNDS AVAILABLE:  
JASPER A. YAUDER, CPA  
Budget Officer

APPROVED:  
DR. ARNOLD E. VELASCO  
President  
Authorized Officer

Bank Account Name: **CJH HOTEL CORP**  
Bank Account Number: **04210175890202**  
Bank Name: **SECURITY BANK**  
Bank Address: **SBC BLDG, ABANAO ST COR SHAGEM ST, BAGUIO CITY**





# WORK ORDER

DELIVERY DUE DATE: COD

Procurement Unit  
Tel No: 045-806-8142

Supplier: **CJH HOTEL CORP.**  
Address: **Loakan Road, Baguio City**  
TIN: **005-867-044-000 VAT Reg.**  
Tel. No.: **0926-063-4199**

Work Order No.: **2024-334**  
Date: **10/11/2024**  
JO No.: **2024-399**  
Date: **10/21/2024**  
Mode of Procurement: **Small Value**  
Mode of Payment: **COD**

SIR/MADAM

You are hereby advised to accomplish/deliver the following job/work on **October 28-30, 2024** upon receipt of the Work Order as per quotation submitted by you duly approved by the TSU Committee on Bids and Awards and the President of the Agency

QTY.	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
		-AM Snacks -Managed Buffet Lunch -PM Snack -Managed Buffet Dinner/Socials -Flowing Coffee and tea ► Day 3/Oct 30, 2024 Meals: Managed Buffet breakfast at CAP Convention -Managed Buffet Lunch (early lunch) ► Banquet Venue Venue at CAP-John Hay Trade and Cultural Center -Tables and chairs set-up, -Registration area -Basic sound system, Microphonee -LED Wall -Wifi access <b>III. SCHEDULED SHUTTLE SERVICE</b> Vans shall be provided by the hotel to drop-off and pick-up the guests from The Manor to CAP Convention Center on a fixed schedule. Schedule shall be finalized prior to the event. <b>IV. BILLING ARRANGEMENT</b> The hotel requires 50% deposit 14 days prior to arrival date. Full payment must be settled 3 days before check-in the form of cash or company check. <b>ADDITIONAL/INCIDENTAL CHARGES:</b> Any incidental and additional charges such as: (i) increase in the minimum guarantee on rooms and/or banquets; (ii)		

(Please read carefully at the back hereof)

Charge to: 12-706241  
ROA No.: 2024-10-5340  
CONFORME & RECEIVE COPY:

**CJH HOTEL CORP.**  
Firm/Dealer/Contractor  
**BETH DAKI**

10/17/24



FUNDS AVAILABLE:  
JASPER A. YAUDER, CPA  
Budget Officer

Bank Account Name: **CJH HOTEL CORP**  
Bank Account Number: **0421 017589 202**  
Bank Name: **SECURITY BANK**  
Bank Address: **SBC BLDG ABANAO ST COR SHAGEM ST, BAGUIO CITY**

APPROVED:  
DR. ARNOLD E. VELASCO  
President





# WORK ORDER

**DELIVERY DUE DATE:**   COD  

Procurement Unit  
Tel No: 045-606-8142

Supplier: **CJH HOTEL CORP.**  
Address: **Loakan Road, Baguio City**  
TIN: **005-867-044-000 VAT Reg.**  
Tel. No.: **0926-063-4199**

Work Order No.: **2024-334**  
Date: **10/11/2024**  
JO No.: **2024-399**  
Date: **10/2/2024**  
Mode of Procurement: **Small Value**  
Mode of Payment: **COD**

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work on **October 28-30, 2024**, upon receipt of the Work Order as per quotation submitted by you duly approved by the TSU Committee on Bids and Awards and the President of the Agency

QTY.	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
		business center services; (iii) telephone calls; (iv) laundry; (v) room service; (vi) mini-bar; (vii) equipment rental; and (viii) other additional and incidental charges which are not included in this contract shall be settled in full, upon check-out.  .....		

(Please read carefully at the back hereof)

Charge to: 01 - 1004/1  
ROA No.: 2024 - 10 - 3180  
CONFORME & RECEIVE COPY!

**CJH HOTEL CORP.** 10/17/24  
Firm/Dealer/Supplier/Contractor  
**BETH GARCIA**  
Date



FUNDS AVAILABLE:  
JASPER A. YAUDER, CPA  
Budget Officer

Bank Account Name: **CJH GOTEL CORP**  
Bank Account Number: **0421017589 202**  
Bank Name: **SECURITY BANK**  
Bank Address: **SBC BLDG ABANAO ST COR SHAGEM ST, BAGUIO CITY**

APPROVED: DR. ARNOLD E. VELASCO  
President  
Authorized Official





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Procurement Unit  
Tel No.: 045-606-8142

Supplier : **CJH HOTEL CORP.**  
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Tel. No. : 0926-063-4199

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(Please read carefully at the back hereof)

Charge to: 02-264141  
ROA No. : 2024-10-9320  
CONFORME & RECEIVE COPY :

**CJH HOTEL CORP.**  
Firm/Dealer/Supplier/Contractor

Date \_\_\_\_\_  
Bank Account Name: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_



**FUNDS AVAILABLE:**  
JASPER A. YAUDER, CPA  
Budget Officer

**APPROVED:**  
DR. RONNIE A. DUNGO  
DR. ARNOLD E. VELASCO  
President  
Authorized Official



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(Please read carefully at the back hereof)

Charge to: 02-16641  
ROA No.: N24-10-3340  
CONFORME & RECEIVE COPY:

**CJH HOTEL CORP.**  
Firm/Dealer/Supplier/Contractor

Date \_\_\_\_\_

Bank Account Name: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_



**FUNDS AVAILABLE:**

JASPER A. YAUDER, CPA  
Budget Officer

**APPROVED:**

DR. ARNOLD E. VELASCO  
President  
Authorized Official

10/15/24





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(Please read carefully at the back hereof)

Charge to: 02-NCA/1  
ROA No. : 2024-10-3340  
CONFORME & RECEIVE COPY :



**FUNDS AVAILABLE:**

JASPER A. YAUDER, CPA  
Budget Officer

**CJH HOTEL CORP.**  
Firm/Dealer/Supplier/Contractor

**APPROVED:**

DR. ARNOLD E. VELASCO  
President

Date: \_\_\_\_\_  
Bank Account Name: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_

10/15/24  
Authorized Official



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(Please read carefully at the back hereof)

Charge to: 82- 206-41  
ROA No.: 2024-10-9340  
CONFORME & RECEIVE COPY :



**FUNDS AVAILABLE:**  
JASPER A. YAUDER, CPA  
Budget Officer

**CJH HOTEL CORP.**  
Firm/Dealer/Supplier/Contractor

**APPROVED:**  
DR. ARNOLD E. VELASCO  
President

Date \_\_\_\_\_  
Bank Account Name: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_

0.0 / 15 / 2 Authorized Official