



# QUOTATION

FAX BACK TO (02) 689-4747 / (02) 689-4748

- Premium Pass
- SM Gift Pass
- Meal & Food Pass
- Rustan's Gift Certificate
- Gift Pass
- Shopwise & Wellcome Gift Certificate
- Walter Mart Gift Pass

FOR SODEXO USE

CS220282

Order Form No.: \_\_\_\_\_  
Date: \_\_\_\_\_

CLIENT NAME: CITEM MOBILE NO.: \_\_\_\_\_  
 TIN (required info): 001240440000 ADDRESS: Golden Shell Pavilion  
 CONTACT PERSON: Lilit Abella Roxas Blvd. cor Sen. Gil Puyat Ave  
 Pasay City  
 DESIGNATION: Admin TEL. NO.: 8331276  
 DEPARTMENT: Admin E-MAIL: [lilit\\_abella@yahoo.com](mailto:lilit_abella@yahoo.com)

No. of Passes In Each Envelope	Denomination	Total No. of Pass per Denomination	Total Amount
	500	1,800	900,000.00
<b>(A)</b>		<b>(B) TOTAL:</b>	<b>(C)</b>
		1,800.00	900,000.00

Non-VAT & Non EWT on Face Value as per BIR Ruling 938-2002 issued to Sodexo under WHT Regulation section 205202

SERVICE FEE	<b>0.00%</b>	1=	C x %	-
VALUE ADDED SERVICES:		2=		
<input type="checkbox"/> Additional Envelope		3=		
<input type="checkbox"/> Delivery Fee		4=		
<input type="checkbox"/> Processing Fee		TOTAL FEES: 1+2+3+4	<b>(D)</b>	-
VAT exempted Clients Please attached Valid Certificate		VAT due on TOTAL FEES: D x 12%	<b>(E)</b>	-
		TOTAL FEES DUE: (VAT) D + E	<b>(F)</b>	-
Less: EWT on Total Fee (Dx6)		5= 2%		
		TOTAL AMOUNT DUE: C+F		<b>900,000.00</b>

No. of Beneficiaries: \_\_\_\_\_ Budget per Recipient: **Php**

- EXTERNAL MOTIVATION:**
- Customer Rewards
  - Sales Channel Rewards
  - Product Promotion
  - Others: (please specify) \_\_\_\_\_
- INTERNAL MOTIVATION (FOR EMPLOYEES):**
- Co. Anniversary
  - Employee Bday
  - Retirement
  - X-Mas Gift
  - Clothing Allowance
  - Rice Subsidy
  - Meal Allowance
  - Others: (please specify) \_\_\_\_\_
  - Loyalty Award
  - Perfect Attendance
  - Sales Reward
  - Achievement of Targets
  - Zero Accident
  - Top Performers
  - SPIF
  - Others: (please specify) \_\_\_\_\_

**PAYMENT MODE:**  
 Check  Direct Deposit  Bank Transfer

**PAYMENT TERMS:**  
 Pre-payment  C.O.D.  Terms

\* All payments must be as good as cash upon date of delivery.

**IMPORTANT:**  
 For every 2,500 purchase we give one (1) FREE ENVELOPE only.  
 For complete list of accepting merchants, visit [merchants.sodexo.ph](http://merchants.sodexo.ph)  
 Cancellation and Replacement of confirmed order will be charged Php5.00 per voucher  
 For initial orders, check payment needs to be cleared and credited to Sodexo's account first before we release the Pass  
 This document serves as a Purchase Order when signed or when accompanied by an e-mail approval/confirmation  
 Client signifies acceptance of the accompanying T&C upon signing this quotation.

**CONFIRME:**  
  
 Name: **MA. LOURDES D. MEDIRAN**  
 Designation: **Deputy Executive Director**  
 Date: \_\_\_\_\_

Account Manager: Veron Castillo

Delivery date: PICK-UP

Signed in the presence of the following:

*Florence Pearl M. Buensalido*  
FLORENCE PEARL M. BUENSALIDO  
Chief, HRMD Division

*Malerna C. Buyao*  
MALERNA C. BUYAO  
Chief, Controllership Division

ACKNOWLEDGMENT

REPUBLIC OF THE PHILIPPINES)  
CITY OF PASAY ) S.S

DEC-23 2022

BEFORE ME, a Notary Public for and in the City of Pasay, on this \_\_\_\_\_ day  
\_\_\_\_\_ of personally appeared the following:

Name	Competent Evidence of Identity	Issued at/on
MA. LOURDES D. MEDIRAN	_____	_____
VERONICA CASTILLO	_____	_____

known to me and to me known to be the same persons who executed the foregoing instrument and acknowledged to me that the same is their free and voluntary act and deed as well as the free and voluntary act and deed of the entities they represent.

This instrument, which refers to a Contract of Services consisting of TWO (2) pages including this page whereon this acknowledgment is written, has been signed by the parties and their instrumental witnesses on each and every page.

WITNESS MY HAND AND SEAL on the place and date first-written above.

*MA. CLEOFFE L. JAIME*  
MA. CLEOFFE L. JAIME  
NOTARY PUBLIC  
UNTIL DECEMBER 31, 2022  
COMMISSION NO. 20-04  
ROLL NO. 27802  
PTR NO. 7697173 PASAY CITY 1-3-2022  
IEP OR NO. 178431 ISSUED BY IEP  
NAT'L OFFICE - 2 - 16 - 22  
MCLE COMPL. VII-0016402  
ISSUED ON - MAY 20, 2022 VALID UNTIL  
APRIL 14, 2025

Doc. No. 121  
Page No. 26  
Book No. 3  
Series of 2022

CAF Number: 2212090

**CERTIFICATE of AVAILABILITY of FUNDS**

This is to certify that the Center for International Trade Expositions and Missions (CITEM) has available funds in the amount of **NINE HUNDRED THOUSAND PESOS (PHP900,000.00)** payment for the **PURCHASE OF GC AS CHRISTMAS PACKAGE FOR THE CITEM EMPLOYEES FOR CY 2022** payable to **SODEXO BENEFITS AND REWARDS SERVICES.**

This certification is being issued for whatever legal purpose it may serve.

  
**MALERNA C. BUYAO**  
Chief, Controllership Division

**BUR NO. AOE-22121027**

**Date : 12/13/2022**

**Contract No: 270282**



# QUOTATION

FAX BACK TO (02) 689-4747 / (02) 689-4748

<input checked="" type="radio"/> Premium Pass <input type="checkbox"/> Meal & Food Pass <input type="checkbox"/> Gift Pass <input type="checkbox"/> Walter Mart Gift Pass	<input type="checkbox"/> SM Gift Pass <input type="checkbox"/> Rustan's Gift Certificate <input type="checkbox"/> Shopwise & Wellcome Gift Certificate	<b>FOR SODEXO USE</b> Order Form No.: _____ Date: _____	<b>CS220283</b>
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CLIENT NAME:	CITEM	MOBILE NO.:	
TIN (required info):	001240440000	ADDRESS:	Golden Shell Pavilion
CONTACT PERSON:	Loit Abella		Roxas Blvd. cor Sen. Gil Puyat Ave
DESIGNATION:	Admin	TEL. NO.:	Pasay City 8331276
DEPARTMENT:	Admin	E-MAIL:	loit_abella@yahoo.com

No. of Passes In Each Envelope	Denomination	Total No. of Pass per Denomination	Total Amount
	500	904	452,000.00
<b>A</b>		<b>B TOTAL:</b>	<b>C</b>
		904.00	452,000.00

Non-VAT & Non EWT on Face Value as per BIR Ruling 038-2002 issued to Sodexo under WHT Regulation section 205202

SERVICE FEE	<b>0.00%</b>	1=	Cx %	
VALUE ADDED SERVICES:		2=		
<input type="checkbox"/> Additional Envelope		3=		
<input type="checkbox"/> Delivery Fee		4=		
<input type="checkbox"/> Processing Fee		TOTAL FEES: 1+2+3+4		<b>D</b>
VAT exempted Clients Please attached Valid Certificate		VAT due on TOTAL FEES: D x 12%		<b>E</b>
Less. EWT on Total Fee (Dx6)		TOTAL FEES DUE: (VAT) D+E		<b>F</b>
		5=	2%	
		TOTAL AMOUNT DUE: C+F		<b>452,000.00</b>

No. of Beneficiaries	Budget per Recipient:	Php
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<b>EXTERNAL MOTIVATION:</b> <input type="checkbox"/> Customer Rewards <input type="checkbox"/> Sales Channel Rewards <input type="checkbox"/> Product Promotion <input type="checkbox"/> Others: (please specify) _____	<b>GIFT</b> <input type="checkbox"/> Co. Anniversary <input type="checkbox"/> Employee Bday <input type="checkbox"/> Retirement <input type="checkbox"/> X-Mas Gift <input type="checkbox"/> Clothing Allowance <input type="checkbox"/> Rice Subsidy <input type="checkbox"/> Meal Allowance <input type="checkbox"/> Others: (please specify) _____
<b>INTERNAL MOTIVATION (FOR EMPLOYEES):</b> <input type="checkbox"/> Loyalty Award <input type="checkbox"/> Perfect Attendance <input type="checkbox"/> Sales Reward <input type="checkbox"/> Achievement of Targets <input type="checkbox"/> Zero Accident <input type="checkbox"/> Top Performers <input type="checkbox"/> SPIF <input type="checkbox"/> Others: (please specify) _____	

<b>PAYMENT MODE:</b> <input checked="" type="radio"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Bank Transfer	<b>PAYMENT TERMS:</b> <input type="checkbox"/> Pre-payment <input checked="" type="radio"/> C.O.D. <input type="checkbox"/> Terms
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\* All payments must be as good as cash upon date of delivery.

**IMPORTANT:**  
 For every 2,500 purchase we give one (1) FREE ENVELOPE only.  
 For complete list of accepting merchants, visit [merchants.sodexo.ph](http://merchants.sodexo.ph)  
 Cancellation and Replacement of confirmed order will be charged Php5.00 per voucher  
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 This document serves as a Purchase Order when signed or when accompanied by an e-mail approval/confirmation  
 Client signifies acceptance of the accompanying T&C upon signing this quotation.

**CONFORME:**

  
 Name: **MA. LOURDES D. MEDIRAN**  
 Designation: **Deputy Executive Director**  
 Date: \_\_\_\_\_

Account Manager: Veron Castillo	Delivery date: PICK-UP
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Signed in the presence of the following:

*[Signature]*  
FLORENCE PEARL M. BUENSALIDO  
Chief, HRMD Division

*[Signature]*  
MALERNA C. BUYAO  
Chief, Controllership Division

ACKNOWLEDGMENT

REPUBLIC OF THE PHILIPPINES)  
CITY OF PASAY ) S.S

DEC 23 2022

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\_\_\_\_\_ of personally appeared the following:

Name	Competent Evidence of Identity	Issued at/on
MA. LOURDES D. MEDIRAN	_____	_____
VERONICA CASTILLO	_____	_____

known to me and to me known to be the same persons who executed the foregoing instrument and acknowledged to me that the same is their free and voluntary act and deed as well as the free and voluntary act and deed of the entities they represent.

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WITNESS MY HAND AND SEAL on the place and date first written above.

*[Signature]*  
**MA. CLEOFEL JAIME**  
NOTARY PUBLIC  
UNTIL DECEMBER 31, 2022  
COMMISSION NO. 20-04  
ROLL NO. 27802  
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IBP OF NO. 178431 ISSUED BY IBP  
NOTICE OF CANCE - 2 - 16 - 22  
MOLA COMPL. VII-0018402  
ISSUED ON - MAY 20, 2022 VALID UNTIL  
APRIL 14, 2025

Doc. No. 120  
Page No. 25  
Book No. 3  
Series of 2022

CAF Number: 2212089

**CERTIFICATE of AVAILABILITY of FUNDS**

This is to certify that the Center for International Trade Expositions and Missions (CITEM) has available funds in the amount of **FOUR HUNDRED FIFTY TWO THOUSAND PESOS (PHP452,000.00)** payment for the **PURCHASE OF GC AS RAFFLE PRIZES FOR THE CITEM EMPLOYEES FOR CY 2022** payable to **SODEXO BENEFITS AND REWARDS SERVICES.**

This certification is being issued for whatever legal purpose it may serve.

  
**MALERNA C. BUYAO**  
Chief, Controllership Division

BUR NO. **AOE-22121027**  
Date : **12/13/2022**  
Contract No: **CS-220283**