



DEPARTMENT OF ENERGY

Energy Center, Rizal Drive cor. 34th St., Bonifacio Global City, Taguig

QUINTUPLICATE

PR No. 02-0101-2023-02-0051

PURCHASE ORDER

PMD-QF-17
17 Oct 2022
Rev. 0

Supplier : PREMIER CENTRAL INC (PARK INN BY RADISSON CLARK) P.O. No. : 3033 02 013
 Address : Manuel A Roxas Highway, Frez Dan Mababacst, Pampanga Date : 15 Feb 2023
 TIN : _____ Mode of Procurement : AMP-ND 53.6

Gentlemen: MS. ARABELLA K. BARZ Reso No. 025 s. 2023
 Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : DEPARTMENT OF ENERGY, Energy Center, Rizal Dr., BGC, Taguig City Delivery Term : as per event's schedule
F. P. O. Rabulan (EPPB-PD) Payment Term : Payment will be process within 30 days upon completion of services, submission of all required documents & issuance of certificate of acceptance from the end-user. Payment is through List of Due and Demandable accounts and Payable
 Date of Delivery : _____

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		<p>PROCUREMENT OF VENUE, MEALS AND ACCOMMODATION FOR THE CONDUCT OF ENERGY SECTOR STRATEGIC PLANNING IMPLEMENTATION 2023 AND ORGANIZATIONAL PLANNING OF ENERGY POLICY AND PLANNING BUREAU</p> <p>See attached Terms of Reference (TOR) and approved Service Agreement for details</p> <p><i>*Subject to deduction of allowed government taxes on the total amount</i></p>			
TOTAL AMOUNT					₱2,229,800.00

(Total Amount in Words) Two Million Two Hundred Twenty Nine Thousand Eight Hundred Pesos Only

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the underdelivered item/s.
This PO serves as the Notice to Proceed (NTP) when signed by the Supplier.

Conforme: ARABELLA K. BARZ Very Truly yours: FELIX WILLIAM B. CENTEBELLA
 Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official
02-0101-2023 DMOS/DEBM
 Date Designation

Fund Cluster : _____ ORS/BURS No. : _____
 Funds Available : _____ Date of the ORS/BURS: _____
 Amount : _____
HELENE C. ROLDAN
 Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit