

Fund Cluster:

Funds Available:



QUINTUPLICATE

DIIDCHASE ODDED

PR No	02-0	101-2023-03-0112 PURCHASE ORDE	EK .		17 Oct 2022 Ray, ü		
		VENTURE DEVELOPMENT CORPORATION	P.O. No. :	2023-04-	063		
ddress: (CEHU)	11771	LANE INTERNATIONAL HOTEL)	Date :	02-May-1	2023		
IN: Car Ard	noishop	Reyes and Escario Streets, Cebu City, Cebu	Mode of Pr	ocurement:	AMP-NP 53.10		
Gentlemen:		ASSELVIN GONEDA (032) 234 7000 ase furnish this Office the following articles subject to the ter	rms and con	ditions containe	ed herein:	5 A 10 5	
Place of Delivery :		RTMENT OF ENERGY, Energy Center, Rizal Dr., BGC, T Sarcelona (EPIMB-PMDD)	Delivery Te	erm :	r exent's schedule		
Date of Delivery:		and extension of the control of the			will be process with mission of all regula		
Lacille.	-Falcal		lesuance (of certificate of an	coeptance from the		
Stock/Property No.	Unit	Description	Advice to	Quantity	Unit Cost	budgeting unt	
Stock/Floperty No.	Offic	Description	accounting	and aughing nul	Unit Cost	Amount	
		PROCUREMENT OF WENUE, MEALS AND ACCOMMODATION FOR THE CONDUCT OF FOR DISTRIBUTION UTILITIES FOR THE IMPLEMENTATION OF SUPPLEMENTAL POISYSTEMATIC MANAGEMENT OF THE REPORTED TH	LICYON				
		See attached Terms of Reference (TOR) and ag Service Agreement for details	oproved				
	16.7	THE REPORT OF THE PARTY OF THE		TOTAL	AMOUNT	194,150.00	
		*Subject to deduction of allowed government tax	xes on the		- This Production of the Contract of the Contr		
	(C. 15.15)	cas datages and track in interest on the light					
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				Martine Co.			
					Grand Committee		
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9815,15							
Total Amount in Word	s) On	e Hundred Minely-Four Thousand One Hundred F	iffy Pesos	Only			
		re to make the full delivery within the time specified above, are imposed on the underdelivered item/s.				149	
Conforme:		Very Truly yours:	民籍在	C. EXCON	DE		
1 - 1 S	ignature		ignature over l	Printed Name of	Authorized Official		
		Find	Tima	tor EPIMA			
5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		May 3, 2023	Direc				
		Date		Designation			
und Cluster				ORS/BURS No. : 02 1611 61 2023 5			

Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit

Date of the ORS/BURS:

Amount: