



DEPARTMENT OF ENERGY

QUINTUPLICATE

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

PMD-QF-17
17 Oct 2022
Rev. 0

PR No. 02-0101-2023-06-0302

PURCHASE ORDER

Supplier : <u>WHITEROCK BEACH HOTEL + WATERPARK INC.</u>	P.O. No. : <u>2023-07-165</u>
Address : <u>Purck 3, Mainain, Subic, Zambales</u>	Date : <u>19-Jul-2023</u>
TIN : _____	Mode of Procurement : <u>AMP-NP 53.10</u>

Gentlemen: MS. DANICA MAE ORDILLAS | (047) 232 0066

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

Place of Delivery : <u>DEPARTMENT OF ENERGY, Energy Center, Rizal Dr., BGC, Taguig City</u> <u>R.P. De Guzman (LS-OD)</u>	Delivery Term : <u>as per event's schedule</u>
Date of Delivery : _____	Payment Term : <u>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 True and Demandable Accounts and Payable - Advice to Debit account subject to government budgeting accounting and auditing rules.</u>

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		<p>PROCUREMENT FOR THE VENUE, MEALS AND ACCOMMODATION FOR THE CONDUCT OF LEGAL SERVICES' (LS) EXECUTION PLANNING WORKSHOP AND MID-YEAR PERFORMANCE REVIEW ON 2 - 4 AUGUST 2023</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 ₱					455,440.00

Total Amount in Words) Four Hundred Fifty Five Thousand Four Hundred Forty 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.

Conforme:

Very Truly yours:

DANICA MAE ORDILLAS
Signature over Printed Name of Supplier

ATTY. MYRA FIERA F. ROA
Signature over Printed Name of Authorized Official

Date

Designation

nd Cluster : _____

ORS/BURS No. : _____

nds Available : _____

Date of the ORS/BURS: _____

Amount : _____

HELEN C. ROLDAN
Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit