



DEPARTMENT OF ENERGY

QUINTUPLICATE

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

PR No. 02-0151-2024-05-0262

PURCHASE ORDER

FMD-QF-17
27 October 2023
Rev. 2

Supplier : <u>CLUB BALAI ISABEL INC.</u> Address : <u>4343 P. Valdez Street, Makati City</u> TIN : _____	P.O. No. : <u>2024-05-124</u> Date : <u>20-May-2024</u> Mode of Procurement : <u>AMP-NP 53.10</u>
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Gentlemen: MS. ANNIE MIANO / 0906 518 5491 Reso No. 159 s. 2024

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>J.B. Bahunday (EUMB-EPSMD)</u>	Delivery Term : <u>as per event's schedule</u>
Date of Delivery : _____	Payment Term : <u>Payment will be processed within 30 days upon completion of services, submission of all required documents, & issuance of certificate of acceptance from the end-user. Payment is through LDBA/ADA, subject to government budgeting, accounting and auditing rules.</u>

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		<p>VENUE, MEALS, AND ACCOMMODATION FOR THE CONDUCT OF PERFORMANCE EXECUTION AND REVIEW ACTIVITY OF ENERGY UTILIZATION MANAGEMENT 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 total amount.</i></p>			TOTAL AMOUNT ₱ 1,788,090.00

(Total Amount in Words) **One Million Seven Hundred Eighty-Six Thousand Ninety 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: _____ Signature over Printed Name of Supplier	Very Truly yours: _____ FELIX WILLIAM B. FUENTEBELLA Signature over Printed Name of Authorized Official
<u>24 June 2024</u> Date	<u>Undersecretary</u> Designation

Fund Cluster : _____	ORS/BURS No. : _____
Funds Available : _____	Date of the ORS/BURS: _____
<u>page 1 of 1</u> <u>HELEN C. ROLDAN</u> Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit	Amount : _____