



DEPARTMENT OF ENERGY

QUINTUPLICATE

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

PURCHASE ORDER

FORM DE-17
16 December 2012
Rev. 1

PR No. 01-0101-2023-04-0215

Supplier : SOUTH GREEN ENTERPRISES P.O. No. : 2023-09-267
 Address : Unit 403 L and R Bldg., Verdiana Village Center, Dzung Han Rd. Molino IV, Bac Date : 26-Sep-2023
 TIN : _____ Mode of Procurement : AMIP NP 539

Gentlemen: MS. ELOISA AUREA L. CASTRO 0357350451
 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 : 30 calendar days upon receipt of Purchase
V. P. Grego (ERTLS - SPFTLD) Payment Term : Payment will be processed within 30 days
 Date of Delivery : _____ upon completion of services, submission of all required

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
PROCUREMENT LABORATORY SUPPLIES & MATERIALS (GLASSWARE) (NON-EXCLUSIVE)					
1	pc	Glass syringe, 1ml Syringe with removable Luer Lock Valve and GT Plunger	1	12,920.00 ₱	12,920.00
2	pc	Luer Needles for 1ml glass syringe, 5pcs/pc	1	7,195.00 ₱	7,195.00
3	pc	Glass syringe, 10uL for 3cm, 0.47mm OD cone tipped removable needle	1	8,315.00 ₱	8,315.00
4	pc	Needle for 10uL Glass syringe, 8cm, 0.47mm OD cone tipped, 3pcs/pc	1	8,350.00 ₱	8,350.00
Other Terms and General Conditions: - as stated in the Request for Quotation (RFQ- 01-0101-2023-04-0215-0602-0104)					TOTAL AMOUNT ₱ 33,780.00
<i>*Subject to deduction of allowed government taxes on total</i>					

(Total Amount in Words) Thirty-Three Thousand Seven Hundred Eighty 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: [Signature] Very Truly yours: [Signature]
ELOISA CASTRO AMELIA M. DE GUZMAN, CESO IV
 Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official

10-11-2023 [Signature]
 Date Director, ERTLS
 Designation

Fund Cluster : _____ ORS/BURS No. : _____
 Funds Available : _____ Date of the ORS/BURS: _____
 Amount : _____

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