



DEPARTMENT OF ENERGY

QUINTUPLICATE

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

FMD-QF-17
27 October 2023
Rev. 2

PURCHASE ORDER

Supplier : PLATINUM SOURCE VENTURES OPC
Address : Unit 1, No. 100, 13th Street, New Manila, Quezon City
TIN : _____

P.O. No. : 2023-12-436
Date : 18-Dec-2023
Mode of Procurement : ALMP NP-319

Gentlemen: MR. NICK ANGELO RAMBAUD
Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : _____ Delivery Term : _____
Date of Delivery : _____ Payment Term : _____

| Stock/Property No. | Unit | Description | Quantity | Unit Cost | Amount |
|---------------------|------|--|----------|-----------|--------------------|
| | pcs | <p>PROCUREMENT OF SUPPLY AND DELIVERY OF PROMOTIONAL MATERIAL (UMBRELLA) UNDER PCECP CY 2023</p> <p>Umbrella Automatic 21" 3-Fold</p> <p>Specifications (or equivalent): Type: Folding (3-Folds), Size: 21"; Material: Waterproof fabric or Nylon, Features: Double Layer, Proofing: Windproof & waterproof (water repellent fabric), Handle: Straight, ABS material, Automatic Open: YES; Colors: Black or Grey, Printed Logos: DOE and PCECP Logo, Post and Rib Materials: Black Fiber Glass with Built in Tips, No. of Rib. at least Eight (8). With pouch</p> <p>Other Terms and General Conditions: as stated in the Request for Quotation (RFQ -01-0151-2023-10-0471-1114-0214)</p> <p>*Subject to deduction of allowed government taxes on</p> | 1,000 | 250.00 | 257,500.00 |
| TOTAL AMOUNT | | | | | ₱257,500.00 |

(Total Amount in Words) Two Hundred Fifty-Seven Thousand Five 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.

Conforme: _____ Very Truly yours: NENITO C. JARIFE, JR.
Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official
Date: Jan 3, 2024 Designation: Director, ERDB

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