



DEPARTMENT OF ENERGY

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

QUINTUPLICATE

PMD-QF-17  
17 Oct 2022  
Rev. 0

PR No. 02-0101-2023-02-0061

PURCHASE ORDER

Supplier : MS MA CECILIA F SALAPANTAN P.O. No. : 2023-02-014  
 Address : 6 Jose Abad Santos Street, Industrial Valley Subd., Marikina City Date : 15 Feb 2023  
 TIN : \_\_\_\_\_ Mode of Procurement : AMP-NP 53.6

Reso No. 026 s. 2023

Gentlemen:  
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 : as per event's schedule  
F. R. O. Rabulan (EPPB-PD)  
 Date of Delivery : \_\_\_\_\_ Payment Term : 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 Due and Demandable Accounts and Payable-Advice to Debit account subject to government budgeting, accounting and auditing rules.

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		PROCUREMENT OF FACILITATION SERVICES FOR THE CONDUCT OF 2023 ENERGY SECTOR STRATEGIC PLANNING IMPLEMENTATION WORKSHOP  See attached Terms of Reference (TOR) and approved Service Agreement for details  <i>*Subject to deduction of allowed government taxes on the total amount.</i>			
<b>TOTAL AMOUNT</b>					<b>₱ 81,080.00</b>

(Total Amount in Words) Eighty One Thousand 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: Ma. Cecilia F. Salapantan Very Truly yours: Michael O. Sinocruz  
MA. CECILIA F. SALAPANTAN Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official  
Feb 21, 2023 Date Director, EPPB Designation

Fund Cluster : \_\_\_\_\_ ORS/BURS No. : \_\_\_\_\_  
 Funds Available : \_\_\_\_\_ Date of the ORS/BURS: \_\_\_\_\_  
Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit Amount : \_\_\_\_\_