



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. 02-0101-2023-02-0052

PURCHASE ORDER

Supplier : CHINA HOTELS AND RESIDENCES, INC. (ACACIA HOTEL) P.O. No. : 2023 02 017
 Address : 101 Laurel Ave, Balade, Prgy, Wilfredo Aquino, Azdan District, Davao City Date : 22 Feb 2023
 TIN : _____ Mode of Procurement : AMP-ND 53.6

Gentlemen: Reso No. 030 s. 2023
 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 as per event's schedule
A. S. Barcelona (EPIMB-PMDD)
 Delivery Term : _____
 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 Use and Demandable Accounts and Payable.

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		PROCUREMENT OF VENUE, MEALS AND ACCOMMODATION FOR THE CONDUCT OF PMDD ACTIVITIES - PUBLIC CONSULTATIONS OF WESM RULES AMENDMENTS - MINDANAO LEG 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>			
TOTAL AMOUNT ₱					280,400.00

Total Amount in Words) Two Hundred Eighty Thousand Four 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.
This PO serves as the Notice to Proceed (NTP) when signed by the Supplier.

Conforme: Ryan Kenneth Rodriguez Very Truly yours: IRMA C. EXCONDE
 Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official
Feb 27, 2023 Director EPIMB
 Date Designation

Cluster : _____ ORS/BURS No. : _____
 Funds Available : _____ Date of the ORS/BURS: _____
 Amount : _____
HELENE ROLDAN
 Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit