



DEPARTMENT OF ENERGY

QUINTUPLICATE

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

PR No. 02-0151-2023-03-M115

PURCHASE ORDER

Supplier : <u>ALMONT BEACH RESORT</u>	P.O. No. : <u>2023-04-039</u>
Address : <u>Brgy. Lipata, Surigao City</u>	Date : <u>04-April-2023</u>
TIN : _____	Mode of Procurement : <u>AMP-NP 53.10</u>

Gentlemen: MS. JINKY O. LLIDO Reso No. M078 s. 2023

Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : <u>DEPARTMENT OF ENERGY - Mindanao Field Office, 3rd Flr Tolentino Bldg, Candelaria Ave., Davao City (T.R. Alingalan)</u>	Delivery Term : <u>as per event's schedule</u>
Date of Delivery : _____	Payment Term : <u>Payment will be process within 30 days upon completion of delivery of all items and services, submission of all required documents &amp; issuance of certificate of acceptance from the end-user. Payment is through Check subject to government budgeting, accounting and auditing rules.</u>

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
	lot	<b>PROCUREMENT OF VENUE AND MEALS FOR THE CONDUCT OF COORDINATION MEETING WITH FI COOPERATORS/ CALIBRATION BRIEFING WITH MTO/CTO</b>	1	34,800.00 ₱	34,800.00
		*See attached Terms of Reference (TOR) and signed Service Agreement for details.			
				sub-total ₱	34,800.00
				Less: 5% withholding tax	1,553.57
				2% EWT	621.43 ₱
				<b>TOTAL</b>	<b>₱ 32,625.00</b>

(Total Amount in Words) Thirty Two Thousand Six Hundred Twenty Five 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: _____ <b>MILO J. GEROCHE</b> Signature over Printed Name of Authorized Official
_____ <u>APRIL 11, 2023</u> _____ Date	_____ <u>Director, MFO</u> _____ Designation

Fund Cluster : <u>03</u>	ORS/BURS No. : _____
Funds Available : _____	Date of the ORS/BURS: _____
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<u>HELEN C. ROLDAN</u> Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit	