



DEPARTMENT OF ENERGY

QUINTUPLICATE

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

PMD-QF-17
17 Oct 2022
Rev. 0

PURCHASE ORDER

PR No. 02-0101-2023-03-0162

Supplier : GREENLAYER PROPERTY VENTURES, INC. (HOLIDAY INN & SUITES) P.O. No.: 3022 04 013
 Address : Palm Drive, Ayala Center, Makati City Date : 13 Apr 2023
 TIN : _____ Mode of Procurement : AMP-NP 53.10

Gentlemen: MS. CHARM BALUYUT (+6329090888) Reso No. 091 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 Delivery Term : as per event's schedule
D. V. Villar (EUPR-DEPRD) 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
 Date of Delivery : _____

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		PROCUREMENT OF SERVICES FOR VENUE, MEALS AND ACCOMMODATION IN RELATION TO THE CONDUCT OF THE WORKSHOP ON THE ENHANCEMENT OF RESILIENCY COMPLIANCE PLAN (RCP) AND DEVELOPMENT OF ENERGY RESILIENCE SCOREBOARD FOR POWER GENERATION AND TRANSMISSION FACILITIES 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 ₱ 654,900.00

(Total Amount in Words) Six Hundred Fifty-Four Thousand Nine 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 Receipt to Proceed (NTP) when signed by the Supplier.

Conforme: _____
 Signature over Printed Name of Supplier
17 Apr 2023
 Date

Very Truly yours: _____
 Signature over Printed Name of Authorized Official
MICHAEL O. SINOCRUZ
 Director, EPPB
 Designation

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