



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. 02-0151-2023-03-0127

Supplier: INTERNATIONAL FA P.O. No.: 2023-04-046
 Address: Building 5400 Manuel A. Roxas Highway Mahalagat City, Clark Freeport Zone Date: 18-Apr-2023
 TIN: _____ Mode of Procurement: AMP-NP 53.10

Gentlemen: MS. SHEY SOLIMAN | (045) 499 1000
 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
R. M. Galangam (REMB-BEMD)
 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 - subject to current budgeting, accounting and auditing rules.

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		<p>PROCUREMENT OF SERVICES FOR VENUE, MEALS AND ACCOMMODATION FOR THE CONDUCT OF INFORMATION, EDUCATION AND COMMUNICATION (IEC) CAMPAIGNS FOR BIOMASS/ BIOFUELS AND WASTE-TO-ENERGY (WTE) TECHNOLOGY IN LUZON</p> <p>See attached Terms of Reference (TOR) and approved Service Agreement for details</p>			
TOTAL AMOUNT ₱					331,600.00
<i>*Subject to deduction of allowed government taxes on the total amount.</i>					

(Total Amount in Words) Three Hundred Thirty-One Thousand Six 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: _____ Very Truly yours: _____
SHEY SOLIMAN MARISSA P. CEREZO
 Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official

 Date Designation
Director, REMB

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