



DEPARTMENT OF ENERGY

QUINTUPPLICATE

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

PMD-QF-17 17 Oct 2022 Rev. 0

PR No 02-0101-2023-04-0182

PURCHASE ORDER

Supplier : XENIA HOTEL CORPORATION
 Address : 4030 cm Recto Highway, Clark Freeport Zone, Pampanga
 TIN : _____

P.O. No. : 2023-05-071
 Date : 15-May-2023
 Mode of Procurement : AMP-NP 53.10

Gentlemen: MRS. ELYKA MARIANO | (045) 499 0000 Reso No. 119 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
M L L Olap (EPIME-REAMD)

Date of Delivery : _____

Delivery Term : as per event's schedule

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 Debt Account subject to government budgeting accounting and auditing rules.

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		<p>PROCUREMENT OF VENUE, MEALS AND ACCOMMODATION FOR THE CONDUCT OF WORKSHOP ON LOCAL TOTAL ELECTRIFICATION ROADMAP DELIBERATION ON 15-19 MAY 2023 IN CLARK</p> <p>See attached Terms of Reference (TOR) and approved Service Agreement for details</p> <p><i>*Subject to deduction of allowed government taxes on the total amount.</i></p>			
TOTAL AMOUNT ₱					512,650.00

(Total Amount in Words) Five Hundred Twelve Thousand Six Hundred Fifty 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.

Conforme: _____ Very Truly yours: _____

Mrs. Elyka Mariano IRMA C. EXCONDE

Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official

15 May 2023 Director, EPIME

Date Designation

Fund Cluster : _____ ORS/BURS No. : _____

Funds Available : _____ Date of the ORS/BURS: _____

Amount : _____

HELEN C. ROLDAN

Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit