



# DEPARTMENT OF ENERGY

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

## QUINTUPLICATE

PR No. 02-0151-2023-05-0219

### PURCHASE ORDER

PMD-QF-17  
17 Oct 2022  
Rev. 0

Supplier : PASEO PREMIER RESIDENCES, INC. (TECHNOPARK HOTEL)  
 Address : Carlos Palanca St. Legaspi Village, Taguig City, Metro Manila  
 TIN : \_\_\_\_\_

P.O. No. : 2023-05-073  
 Date : 16-May-2023  
 Mode of Procurement : AMP-NP 53 TO

Gentlemen: MR. NELSON OCTAVIANO | (049) 541 3089

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  
J B Baunday (EUMB-EPMPD)

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

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		<p>PROCUREMENT OF VENUE, MEALS AND ACCOMODATION FOR THE CONDUCT OF THE DOE'S "YOU HAVE THE POWER" CAMPAIGN IN SM STA. ROSA</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>			
<b>TOTAL AMOUNT</b>					<b>₱ 359,000.00</b>

(Total Amount in Words) Three Hundred Fifty-Nine Thousand 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: \_\_\_\_\_

Signature over Printed Name of Supplier: \_\_\_\_\_ Signature over Printed Name of Authorized Official: PATRICK T. AQUINO, CESO III

Date: 15 May 2023 Designation: Director, EUMB

Fund Cluster : \_\_\_\_\_ ORS/BURS No. : 02-164222-2023-05-1215

Funds Available : \_\_\_\_\_ Date of the ORS/BURS: \_\_\_\_\_

Page 1 of 1  
Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit: HELEN C. ROLDAN  
Amount : \_\_\_\_\_