



DEPARTMENT OF ENERGY

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

QUINTUPPLICATE

PMD-QF-17

17 Oct 2022

Rev. 6

PR No. 02-0151-2023-04-0193

PURCHASE ORDER

Supplier : NORTHGATE HOTEL VENTURES, INC. (SEDA CENTRIO)
 Address : C.M. Recto Avenue cor. Corrales Street, Barangay 24, Cagayan de Oro City
 TIN : _____
 P.O. No. : 2023-05-080
 Date : 24-May-2023
 Mode of Procurement : AMP-NP 33.10
Reso No. 101 S. 2023

Gentlemen: MS. CAROL V. VALDEZ | (088) 323 8888
 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
R. M. Galangam (REMB-BEMD)
 Delivery Term : as per event's schedule
 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.

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		<p>PROCUREMENT OF VENUE, MEALS AND ACCOMMODATION FOR THE CONDUCT OF INFORMATION EDUCATION AND COMMUNICATION (IEC) CAMPAIGNS FOR WASTE-TO-ENERGY (WTE) TECHNOLOGY IN MINDANAO ON 14-16 JUNE 2023</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 ₱					334,920.00

Total Amount in Words) Three Hundred Thirty-Four Thousand Nine Hundred Twenty Pesos Only - 00

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. *as the Notice to Proceed (NTP) when signed by the Supplier.*

Conforme: _____
 Signature over Printed Name of Supplier
 Date: _____

Very Truly yours: _____
 Signature over Printed Name of Authorized Official
 Designation: _____

nd Cluster : _____
 nds Available : _____
 Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit: HELEN C. ROLDAN

ORS/BURS No. : _____
 Date of the ORS/BURS: _____
 Amount : _____