



DEPARTMENT OF ENERGY

QUINTUPPLICATE

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

PURCHASE ORDER

PR No. 02-0151-2023-03-M121

Supplier : <u>ALMONT BEACH RESORT</u>	P.O. No. : <u>2023-06-116</u>
Address : <u>Brgy. Lipata, Surigao City</u>	Date : <u>30-May-2023</u>
TIN : _____	Mode of Procurement : <u>AMP-ND-53.10</u>

Gentlemen: MS. JINKY O. LLIDO Reso No. M147 s. 2023

Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : <u>DEPARTMENT OF ENERGY- Mindanao Field Office, 3rd Flr Td... Bldg. Candelaria Ave., Davao City (T.R. Alingalan)</u>	Delivery Term : <u>as per event's schedule</u>
Date of Delivery : _____	Payment Term : <u>Payment will be process within 30 days upon completion of delivery of all items and services, submission of all required documents & issuance of certificate of acceptance from the end-user. Payment is through Check subject to government budgeting, accounting and auditing</u>

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
	lot	<p>PROCUREMENT OF VENUE AND MEALS FOR THE 2023 MINDANAO JOINT FOCUSED INSPECTION ACTIVITIES IN SURIGAO CITY ON JUNE 18, 19 AND 23, 2023</p> <p>*See attached Terms of Reference (TOR) with signed conforme from bidder for details.</p>	1	87,500.00 ₱	87,500.00
				sub-total ₱	87,500.00
				Less: 5% withholding tax	3,906.25
				2% EWT	1,562.50 ₱
				TOTAL	₱ 82,031.25

(Total Amount in Words) Eighty Two Thousand Thirty One Pesos and Twenty Five Centavos 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: _____

MS. JINKY O. LLIDO NILO J. GEROCHE

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

HELEN C. ROLDAN Director, MFO

Date Designation

Fund Cluster : _____	ORS/BURS No. : _____
Funds Available : _____	Date of the ORS/BURS: _____
<p>Page 1 of 1</p> <p>KBJS</p> <p><u>HELEN C. ROLDAN</u></p> <p>Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit</p>	Amount : _____