



FMD-QF-17
17 Oct 2022
Rev. 0

PR No. 02-0101-2023-05-0266

PURCHASE ORDER

Supplier : THE MARQUIS EVENTS VENUE BCC, INC. P.O. No. : 2023-06-118
 Address : 2/F Active Fun Bldg, 9th Avenue corner 28th Street, Bonifacio Global City, Taguig Date : 06-Jun-2023
 TIN : _____ Mode of Procurement : AMP-NP 53.10

Gentlemen: MS. CLARE CATIMBANG | (02) 8663 7487 Reso No. 172 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 as per event's schedule
G. G. Escobar (REMB-NREB-TSMD)
 Delivery Term : _____
 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 account subject to government budgeting accounting and auditing rules.

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		<p>PROCUREMENT OF VENUE AND MEALS FOR THE CONDUCT OF PUBLIC CONSULTATION AND INFORMATION, EDUCATION AND COMMUNICATION CAMPAIGN ON GREEN ENERGY OPTION PROGRAM AND EXPANDED ROOFTOP SOLAR PROGRAM IN METRO MANILA ON 07 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 ₱					330,000.00

(Total Amount in Words) Three Hundred Thirty 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: *Wolker Penion* Very Truly yours: *MARISSA P. DEREZO*
 Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official
06/06/2023 Date Director, REMB Designation

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