



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. 02-0101-2023-05-0272

PURCHASE ORDER

Supplier : WHITEROCK BEACH HOTEL + WATERPARK INC.  
 Address : Parok 3, Mainain, Subic, Zambales  
 TIN : \_\_\_\_\_

P.O. No. : 2023-06-143  
 Date : 26-Jun-2023  
 Mode of Procurement : AMP-NP 53.10  
 Ref No. 2023-2023

Gentlemen: MR. ZAW LIN KYAW, JR. | (047) 232 0066  
 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. C. P. Baldos (AS-HRMD)  
 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><b>PROCUREMENT FOR THE VENUE, MEALS AND ACCOMMODATION FOR THE CONDUCT OF 2023 MID-YEAR OPERATIONAL ASSESSMENT AND EXECUTION PLANNING WORKSHOP OF ADMINISTRATIVE SERVICE</b></p> <p>See attached Terms of Reference (TOR) and approved Service Agreement for details</p>			
					<b>TOTAL AMOUNT ₱ 866,165.00</b>
		<i>*Subject to deduction of allowed government taxes on the total amount.</i>			

(Total Amount in Words) Eight Hundred Sixty-Six Thousand One Hundred Sixty-Five 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. *the Notice to Proceed (NTP) when signed by the Supplier.*

Conforme: \_\_\_\_\_  
 Signature over Printed Name of Supplier

Very Truly yours: \_\_\_\_\_  
ELISA B. MORALES  
 Signature over Printed Name of Authorized Official  
 \_\_\_\_\_  
 Director AS  
 Designation

\_\_\_\_\_ Date

Fund Cluster : \_\_\_\_\_  
 Funds Available : \_\_\_\_\_

ORS/BURS No. : \_\_\_\_\_  
 Date of the ORS/BURS: \_\_\_\_\_  
 Amount : \_\_\_\_\_

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