



DEPARTMENT OF ENERGY

QUINTUPLICATE

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

PMD-QE-17
17 Oct 2022
Rev. 0

PR No. 02-0101-2023-05-0229

PURCHASE ORDER

Supplier : <u>SHERCON RESORT AND ECOLOGY PARK</u>	P.O. No. : <u>2023-07-153</u>
Address : <u>Ermy San Sebastian, Mataas na Kanoy, Batangas</u>	Date : <u>07-Jul-2023</u>
TIN : _____	Mode of Procurement : <u>AMP-ND 53.10</u>

Gentlemen: MS. JELLEN C. AMATA | 0917 506 1204

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

Place of Delivery : <u>DEPARTMENT OF ENERGY, Energy Center, Rizal Dr., BGC, Taguig City</u> <u>M. V. Roxas (ITMS-ITD)</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 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.</u>

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		<p>PROCUREMENT FOR THE VENUE, MEALS AND ACCOMMODATION FOR THE CONDUCT OF THE ITMS' OPERATIONAL PLANNING WORKSHOP AND REVIEW ON THE RESULTS OF THE DOE ICT SYSTEM AUDIT</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					₱ 246,400.00

(Total Amount in Words) Two Hundred Forty Six Thousand Four Hundred 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.

This PO serves as the Notice to Proceed (NTP) when signed by the Supplier

Conforme: <u></u> <u>QUEME ANN KOZIEL ALMANDAO</u> Signature over Printed Name of Supplier <u>July 12 2023 8:23AM</u> Date	Very Truly yours: <u></u> <u>ATTY. PAOLO G. FONDEVILLA</u> Signature over Printed Name of Authorized Official <u>OIC-Director, ITMS</u> Designation
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Fund Cluster : _____ Funds Available : _____ <u>HELEN C. ROLDAN</u> Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit	ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____
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