



DEPARTMENT OF ENERGY

QUINTUPLICATE

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

PR No. 02-0101-2023-07-0314

PURCHASE ORDER

PMD-OF-17
17 Oct 2022
Rev. 0

Supplier : THE LINDEN SUITES
Address : Gabriel III Condo, San Miguel Ave, Ortigas Ctr., San Antonio, Pasig City
TIN : _____

P.O. No. : 2023-07-157
Date : 13-Jul-2023
Mode of Procurement : AMP-NP 53 10

Gentlemen: MR. RAFAEL A. DOMINGUEZ | (02) 5638 7878
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. A. Marollano (EPIMB-PPDD)
Date of Delivery : _____

Delivery Term : as per event's schedule
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 Debt Account subject to government budgeting accounting and auditing rules.

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		<p>PROCUREMENT OF VENUE, MEALS AND ACCOMMODATION FOR THE CONDUCT OF THE 2023-2050 POWER DEVELOPMENT PLAN WRITESHOP ON 20-21 JULY 2023.</p> <p>See attached Terms of Reference (TOR) and approved Service Agreement for details</p>			
					TOTAL AMOUNT ₱ 84,000.00
					<i>*Subject to deduction of allowed government taxes on the total amount.</i>

(Total Amount in Words) Eighty Four 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:
CAMILLE M. CENTENO
Signature over/Printed Name of Supplier
14/7 17, 2023
Date

Very Truly yours:
IRMA C. EXCONDE
Signature over Printed Name of Authorized Official
Director, EPIMB
Designation

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

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