



DEPARTMENT OF ENERGY

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

QUINTUPLICATE

PR No. 02-0101-2023-07-0313

PURCHASE ORDER

PMD-QF-17
17 Oct 2022
Rev. 0

Supplier : NEW YORK MEGA CITY DEV'T CORP (FI HOTEL MANILA)
 Address : Unit A 81 Makamung St. Brgy. Barangka, Mandaluyong City
 TIN : _____

P.O. No. : 2023-07-170
 Date : 28-Jul-2023
 Mode of Procurement : AMP-NP 53.10

Gentlemen: MS. ME-ANN LA ROSA | (02) 8928 9888 Reso No. 267 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
F. R. O. Rabulan (EPPB-PD)

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 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 MEETING / IEC ON PHILIPPINE ENERGY PLAN 2023-2050 IN THE NATIONAL CAPITAL REGION/ LUZON</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 ₱					300,000.00

(Total Amount in Words) Three Hundred 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: _____ Very Truly yours: _____

MARYANN S. LA ROSA MICHAEL O. SINOCRUZ
 Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official

Aug. 1, 2023 _____
 Date _____
 Designation Director, EPPB

Fund Cluster : _____ ORS/BURS No. : _____

Funds Available : _____ Date of the ORS/BURS: _____

Amount : _____

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marc/jpc

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