



DEPARTMENT OF ENERGY

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

QUINTUPPLICATE

PMD-QF-17
18 December 2022
Rev. 1

PR No. 01-0101-2023-04-0214

PURCHASE ORDER

Supplier : <u>HARNWELL CHEMICALS CORPORATION</u>	P.O. No. : <u>2023-09-274</u>
Address : <u>4173 Ponte St., Pasong Tamo, Makati City</u>	Date : <u>15-Sep-2023</u>
TIN : _____	Mode of Procurement : <u>AMP-NP 53.9</u> <u>Reso No. 203 s. 2023</u>

Gentlemen: MS. ANGELITA R. AURENCIO 8995086
Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : <u>V. P. Grego (ERTLS -GRFTLD)</u>	Delivery Term : <u>90 calendar days upon receipt of Purchase Order (PO)</u>
Date of Delivery : _____	Payment Term : <u>Payment will be processed within 30 days upon completion of services, submission of all required documents, & issuance of certificate of acceptance from the end-user. Payment is through LDDAP-ADA subject to government budgeting, accounting and auditing rules.</u>

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		PROCUREMENT OF GRFTLD LABORATORY SUPPLIES AND MATERIALS (CHEMICALS)			
	bot	Silver Nitrate Crystals, 100g/bot	2	15,000.00	30,000.00
		Other Terms and General Conditions: as stated in the Request for Quotation (RFQ- 01-0101-2023-04-0214-0602-0103)			
		*Subject to deduction of allowed government taxes on total			
		TOTAL AMOUNT			30,000.00

Total Amount in Words) 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.
This PO serves as the Notice to Proceed (NTP) when signed by the Supplier.

Conforme: <u>Angie R. Aurencio</u> Signature over Printed Name of Supplier	Very Truly yours: <u>AMELIA M. DE GUZMAN</u> Signature over Printed Name of Authorized Official
<u>10-2-2023</u> Date	<u>Director, ERTLS</u> Designation

Ind Cluster : _____	ORS/BURS No. : _____
Inds Available : _____	Date of the ORS/BURS: _____
<u>Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit</u>	Amount : _____