



DEPARTMENT OF ENERGY

QUINTUPLICATE

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

PMD-QF-17
27 October 2023
Rev. 2

PK No. 02-0101-2024-01-0007

PURCHASE ORDER

Supplier : **BUSINESSWORLD PUBLISHING CORP.**
Address : Raul L. Locsin Bldg., 95 Balete Drive Ext., New Manila, Quezon City
TIN : _____

P.O. No. : 2024-02-027
Date : 22-Feb-2024
Mode of Procurement : AMP-NP 53.6

Gentlemen: **MS. ARLYN F. SERVANEZ** (02) 8527-2396 Reso No. 027 s. 2024
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
I. M. Roxas (AS -RMD)
Date of Delivery : _____

Delivery Term : Publication on the required date
Payment Term : 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.

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		PUBLICATION OF PRE-DETERMINED AREAS (PDA) FOR OFFER			
		See attached Terms of Reference (TOR) and approved Service Agreement for details			
		Rate per column (cm) P35.00 colcms			₱ 16,380.00
		12% EVAT			₱ 1,965.60
		TOTAL AMOUNT			<u>₱ 18,345.60</u>
		<i>*Subject to deduction of allowed government taxes on total amount.</i>			

(Total Amount in Words) **Eighteen Thousand Three Hundred Forty-Five Pesos and Sixty Centavos 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: *[Signature]*
Signature over Printed Name of Supplier
FEV. 22 2024
Date

Very Truly yours:
[Signature]
ELISA B. MORALES
Signature over Printed Name of Authorized Official
Director, AS
Designation

Fund Cluster : _____
Funds Available : _____
page 1 of 1
HELEN C. ROLDAN
Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit

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