



DEPARTMENT OF ENERGY

QUINTUPPLICATE

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

PMD-QF-17
27 October 2023
Rev. 2

PR No. 02-0151-2024-02-0098

PURCHASE ORDER

Supplier : BLUE LOTUS HOTEL P.O. No. : 2024-03-030
 Address : Quimpo Blvd., Ecoland, Brgy. 76-A Bucana, Talomo District, Davao City Date : 01-Mar-2024
 TIN : _____ Mode of Procurement : AMP-NP 53.10

Gentlemen: MS. APPLE DEMONTEVERDE | 09156871171 Reso No. 029 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 Delivery Term : as per event's schedule
J.S. Gutierrez-Lecaroz (ERDB-CNMD)
 Date of Delivery : _____ 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
		<p>PROCUREMENT OF VENUE, MEALS, AND ACCOMMODATION (VMA) FOR COAL AND PETROLEUM INFORMATION, EDUCATION AND COMMUNICATION (IEC) CAMPAIGN IN DAVAO CITY</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 total amount.</i></p>			
TOTAL AMOUNT					₱ 231,350.00

(Total Amount in Words) Two Hundred Thirty-One Thousand Three Hundred Fifty 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: Apple Demonteverde Very Truly yours: NENITO C. JARIEL, JR.
 Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official
01/04/24 jsjg/DEBM
 Date Designation

Fund Cluster : _____ ORS/BURS No. : _____
 Funds Available : _____ Date of the ORS/BURS: _____
 Amount : _____

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