



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. 02-0101-2024-03-0120

PURCHASE ORDER

Supplier : PHILIPPINE HORIZON HOTEL, INC. (BAI HOTEL)
 Address : Quano Ave., corner Seno Blvd., North Reclamation Area, Mandaue City
 TIN : _____

P.O. No. : 2024-03-033
 Date : 08-Mar-2024
 Mode of Procurement : AMP-NP 53.10
 Reso No. 035 s. 2024

Gentlemen: MS. EZEL ANNE SUYMAN | 0968 857 9797

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
D. C. G. Jornales (EUMB-EPMPD)

Date of Delivery : _____

Delivery Term : as per event's schedule

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>VENUE, MEALS, AND ACCOMMODATION FOR THE CONDUCT OF FOCUS GROUP DISCUSSION ON THE OBLIGATIONS AND COMPLIANCE OF DESIGNATED ESTABLISHMENTS (DEs) AND INSPECTION TO DEs IN CEBU 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 ₱ 359,000.00

(Total Amount in Words) Three Hundred Fifty-Nine 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: Ezel Suyman
 Signature over Printed Name of Supplier

Very Truly yours: PATRICK T. AQUINO, CESO III
 Signature over Printed Name of Authorized Official

March 11, 2024
 Date

dcgj/DEBM
Fy
Director, EUMB
 Designation

Fund Cluster : _____

Funds Available : _____

ORS/BURS No. : _____

Date of the ORS/BURS: _____

Amount : _____

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