



DEPARTMENT OF ENERGY

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

QUINTUPPLICATE

PMD-QF-17
27 October 2023
Rev. 2

PR No. 02-0151-2024-03-0117

PURCHASE ORDER

Supplier: GREENHAVEN PROPERTY VENTURES, INC. (HOLIDAY INN & SUITES MAKATI) P.O. No.: 2024-03-050
 Address: Palm Drive, Ayala Center, Makati City Date: 15-Mar-2024
 TIN: _____ Mode of Procurement: AMP-NP 53.10
 Reso No. 058 s. 2024

Gentlemen: MS. CAMILLE DE JESUS | (02) 7909 0888
 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
D.F. Antiporda (ERDB-OD)
 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>VENUE, MEALS, AND ACCOMMODATION (VMA) FOR THE PRE-DETERMINED AREA (PDA) PRE-SUBMISSION CONFERENCE FOR PETROLEUM & COAL EXPLORATION IN BARM, PETROLEUM DEVELOPMENT & PRODUCTION, AND NATIVE HYDROGEN EXPLORATION</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 ₱402,600.00

(Total Amount in Words) Four Hundred Two Thousand Six Hundred 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: _____ Very Truly yours: _____
CAMILLE DE JESUS NENITO C. JARIEL, JR.
 Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official
MARCH 17, 2024 ADDFA/DEBM
 Date Designation

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

page 1 of 1 HELEN C. ROLDAN
 Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit