



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. 02-0101-2024-02-0103

PURCHASE ORDER

Supplier : SHIMADZU PHILIPPINES CORP. P.O. No. : 2024-03-052
 Address : 19th Floor, Marajo Tower, 26th Street corner 4th Avenue, Bonifacio Global City, Taguig City Date : 18-Mar-2024
 TIN : _____ Mode of Procurement : AMP 50.c
 _____ Reso No. 059 s. 2024

Gentlemen: MR. ANTHONY L. PIMENTEL | 0917-809-9502
 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: Thirty (30) days upon receipt of Purchase Order (PO)
 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>SERVICES FOR PREVENTIVE MAINTENANCE OF ONE (1) UNIT SHIMADZU UV-Vis SPECTROMETER MODEL: UV-1601</p> <p>SHIMADZU UV-Vis SPECTROMETER MODEL: UV-1601 PN: A10753681433</p> <p>See attached Terms of Reference (TOR) for details</p> <p><i>*Subject to deduction of allowed government taxes on total amount.</i></p>			
TOTAL AMOUNT ₱ 29,680.00					

(Total Amount in Words) Twenty-Nine Thousand Six Hundred Eighty 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: _____
JOSE RICO MERCADO JR. AMELIA M. DE GUZMAN, CESO IV
 Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official
09 MAY 2024 vsi/DEBM Director, ERTLS
 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