



DEPARTMENT OF ENERGY

QUINTUPLICATE

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

FMD-QF-17
27 October 2023
Rev. 2

PR No. 02-0151-2024-04-0200

PURCHASE ORDER

Supplier: HUE HOTELS AND RESORTS PUERTO PRINCESA (LUANA LIFESTYLE AND LEISURE HOTEL, INC. 2024-04-080
 Address: Km. 3 Puerto Princesa North Road, Brgy. San Manuel, Puerto Princesa City, Palawan
 P.O. No.: 2024-04-080
 Date: 19-Apr-2024
 TIN: _____
 Mode of Procurement: AMP-NP 53.10
 Reso No. 107 s. 2024

Gentlemen: **MS. JEAN CHRISTINE GONZALES**
 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. Journals (EUMB)
 Delivery Term: as per event's schedule
 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 LDDA/FADA, 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 NEP-IAC SUB-COMMITTEE 5 INTER-AGENCY SITING FIELDWORK IN PALAWAN, AND ASSOCIATED MEETINGS</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</i></p>			
				TOTAL AMOUNT	₱ 592,000.00

(Total Amount in Words) **Five Hundred Ninety-Two 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: _____ Very Truly yours: _____
JEAN CHRISTINE GONZALES PATRICK T. AQUINO CESO III
 Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official

APR 22, 2024 dcgj/DEBM Director, EUMB
 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