



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. 02-0101-2024-03-0142

PURCHASE ORDER

Supplier : ENGR. CIRILA MESCUN BOTOR
No. 1 Saint Mary Street, La Mesa Heights, Greater Lagro, Quezon City
Address : _____
TIN : _____

P.O. No. : 2024-03-100
Date : 06-May-2024
Mode of Procurement : AMP 53.7
Reso No. 126 s. 2024

Gentlemen:
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., EGC, Taguig City
E.T. Ramos (EUMB-EPRED)
Date of Delivery : _____

Delivery Term : Completion of deliverables within the contract period
Payment Term : Payment will be processed within 30 days upon 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
		CONSULTANCY SERVICES ON THE 2024 DOE-QMS RECERTIFICATION FOR THE MAINTENANCE OF THE QUALITY MANAGEMENT SYSTEM OF THE DEPARTMENT OF ENERGY IN COMPLIANCE WITH ISO 9001:2015 STANDARD			
		See attached Terms of Reference (TOR) for details			₱ 500,000.00
		TOTAL AMOUNT			₱500,000.00
		<i>*Subject to deduction of allowed government taxes on total amount.</i>			

(Total Amount in Words) Five Hundred 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. as the Notice to Proceed (NTP) when signed by the Supplier.

Conforme: Cirila S. Botor
CIRILA S. BOTOR
Signature over Printed Name of Supplier
17 May 2024
Date

Very Truly yours:
PATRICK T. AQUINO, CESO III
Signature over Printed Name of Authorized Official
etr/DEBM
Director, EUMB
Designation

Fund Cluster : _____
Funds Available : _____
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HELEN C. ROLDAN
Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit

ORS/BURS No. : _____
Date of the ORS/BURS: _____
Amount : _____
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