



DEPARTMENT OF ENERGY

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

QUINTUPLICATE

PMD-QF-17
27 October 2023
Rev. 2

PR No. 02-0101-2024-01-0007

PURCHASE ORDER

Supplier : DAILY TRIBUNE (CONCEPT & INFORMATION GROUP, INC.) P.O. No. : 2024-05-114
 Address : 3450 Concept Building, Florida St., Brgy. Palanan, Makati City Date : 17-May-2024
 TIN : _____ Mode of Procurement : AMP-NP 53.6

Gentlemen: MS. JELENE RAMORES-GALVAN | 0939 193 0691 Reso No. 154 s. 2024
 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 : Publication on the required date
I. M. Roxas (AS -RMD)
 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
		PUBLICATION OF DC2024-05-0012, TITLED "IMPLEMENTING THE SPECIFICATIONS FOR PNS/DOE QS 019:2023 E-GASOLINE FUEL (E20)" See attached Terms of Reference (TOR) and approved Service Agreement for details Rate per column (cm) P40.00 colcms 12% EVAT TOTAL AMOUNT <i>*Subject to deduction of allowed government taxes on total amount.</i>			₱ 7,440.00 ₱ 892.80 ₱ 8,332.80

Total Amount in Words) Eight Thousand Three Hundred Thirty-Two Pesos and Eighty Centavos 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: ELISA B. MORALES
 Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official
17-May-2024 _____
 Date Designation

nd Cluster : _____ ORS/BURS No. : _____
 nds 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