



DEPARTMENT OF ENERGY

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

QUINTUPLICATE

PR No. 02-0101-2024-04-0223

PURCHASE ORDER

FMD-QF-17
27 October 2023
Rev. 2

Supplier : TLRCE LIVELIHOOD CENTER, INC.
 Address : 5/F De Oro Building, Sierra Madre St., Mandaluyong City
 TIN : _____

P.O. No. : 2024-06-157
 Date : 13-Jun-2024
 Mode of Procurement : AMP-NP 53.9

Gentlemen: MR. RAUL M. DURANTE | (02) 84259217 Reso No. 203 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
M.C.S.P. Baldos (AS-HRMD)

Date of Delivery : _____

Delivery Term : Please see the implementation schedule

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 OF PROGRAM FACILITATOR FOR THE CONDUCT OF HERBAL BATH SOAP MAKING AS PART OF THE LIVELIHOOD PROGRAM FOR SENIOR CITIZENS (SCs) AND PERSONS WITH DISABILITIES (PWDs)</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					₱ 50,000.00

Total Amount in Words) Fifty 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: _____

JEANETTE L. YU ELISA B. MORALES
 Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official

7/19/2024 Director, AS
 Date Designation

Ind Cluster : _____

Inds Available : _____

ORS/BURS No. : _____

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