



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. 02-0151-2024-06-0326

PURCHASE ORDER

Supplier : <u>AURORA SUBIC LEISURE INC.</u>	P.O. No. : <u>2024-06-185</u>
Address : <u>Labitan Street corner Canal Road and Dewey Avenue, Central Business District</u>	Date : <u>25-Jun-2024</u>
TIN : <u>Subic Bay Freeport Zone</u>	Mode of Procurement : <u>AMP-NP 53.10</u>

Gentlemen: MS. ELISHA LIFFS E. VIGO (02) 8663 7487 Reso No. 244 s. 2024

Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : <u>DEPARTMENT OF ENERGY, Energy Center, Rizal Dr., BGC, Taguig City</u> <u>G.H. Ansay (ERDB-PRDD)</u>	Delivery Term : <u>as per event's schedule</u>
Date of Delivery : _____	Payment Term : <u>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.</u>

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		<p>VENUE, MEALS, AND ACCOMMODATION FOR LOCAL ROADSHOW CAMPAIGN IN CENTRAL LUZON FOR THE PRE-DETERMINED AREA (PDA) OF NATIVE HYDROGEN</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	₱ 430,200.00

(Total Amount in Words) **Four Hundred Thirty Thousand Two Hundred 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: _____ <u>ELISHA LIFFS E. VIGO</u> Signature over Printed Name of Supplier <u>June 24, 2024</u> Date	Very Truly yours: _____ <u>NENITO C. JARIEL, JR.</u> Signature over Printed Name of Authorized Official <u>Director, ERDB</u> Designation
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Fund Cluster : _____ Funds Available : _____ <u>HELEN C. ROLDAN</u> 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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