



DEPARTMENT OF ENERGY

QUINTUPLICATE

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

FMD-QF-17
17 Oct 2022
Rev. 0

PR No. 02-0151-2023-07-0353

PURCHASE ORDER

Supplier : SEDA ATRIA HOTEL (SENTERA HOTEL VENTURES, INC.) P.O. No. : 2023-08-198
 Address : Seda Atria, Pison Avenue Atria Park, Brgy. San Rafael Mandurriao, Iloilo City Date : 11-Aug-2023
 TIN : _____ Mode of Procurement : AMP-NP 53.10
 _____ Proc No. 2005-2023

Gentlemen: MR. NELJUN GUION | (033) 506 8888
 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 : as per event's schedule
D. C. G. Jomales (EUMB-EPMPD)
 Date of Delivery : _____ Payment Term : Payment will be process within 30 days upon completion of services, submission of all required documents & issuance of certificate of acceptance from the end-user. Payment is through List of Bug and Demandable Accounts and Payable

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		<p>PROCUREMENT OF SERVICES FOR THE VENUE, MEALS AND ACCOMMODATION FOR THE CONDUCT OF "GIRLS AND SCIENCE, GIRLS IN SCIENCE, YOU HAVE THE POWER" CAMPAIGN PROJECT IN ILOILO CITY</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 the total amount.</i></p>			
TOTAL AMOUNT					₱1,059,250.00

(Total Amount in Words) One Million Fifty Nine Thousand Two Hundred Fifty 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.

Conforme: JASTINE FELMAE LEMOS Very Truly yours: FELIX WILLIAM B. FUENTEBELLA
EVENTS MANAGER
 Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official
Oct. 09, 2023 Undersecretary
 Date Designation

Fund Cluster : _____ ORS/BURS No. : _____
 Funds Available : _____ Date of the ORS/BURS: _____
 Amount : _____
 Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit: HELEN C. MILDAN 9/27/23