



DEPARTMENT OF ENERGY

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

QUINTUPLICATE

PMD-QF-17
17 Oct 2022
Rev. 0

PR No. 02-0101-2023-01-0040

PURCHASE ORDER

Supplier : THE PHILIPPINE STAR (PHILSTAR DALY INC.) P.O. No. : 2023-08-199a
 Address : 202 Roberto S. Oca cor. Railroad, Manila Date : 11-Aug-2023
 TIN : _____ Mode of Procurement : AMP-NP 53.6

Gentlemen: MS. RHODA BORTANOC
 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 : _____
 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 Due and Demandable Accounts and Payable-

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		<p>PROCUREMENT OF SERVICES FOR THE PUBLICATION OF DEPARTMENT CIRCULAR NO. DC2023-08-0024 ENTITLED, "ADOPTING FURTHER AMENDMENTS TO THE WHOLESALE ELECTRICITY SPOT MARKET (WESM) MANUAL ON BILLING AND SETTLEMENT"</p> <p>See attached Terms of Reference (TOR) and approved Service Agreement for details</p> <p>Rate per column (cm) P35.00/col.cm</p> <p>12% EVAT</p> <p>TOTAL AMOUNT ₱ 15,120.00</p> <p><i>*Subject to deduction of allowed government taxes on the total amount</i></p>			

(Total Amount in Words) Fifteen Thousand One Hundred Twenty 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: _____
RONNWAUSS MARGUOR
 Signature over Printed Name of Supplier

AUG. 11, 2023
 Date

Very Truly yours: _____
ELISA B. MORALES
 Signature over Printed Name of Authorized Official

 Director, AS
 Designation

Fund Cluster : _____
 Funds Available : _____

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

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 marc/jpc
HELENE ROYDAN
 Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit