



DEPARTMENT OF ENERGY

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

QUINTUPLICATE

PMD-QF-17
16 Dec 2022
Rev. 1

PR No. 02-0161-2023-07-034

PURCHASE ORDER

Supplier : NORTHGATE HOTEL VENTURES, INC. (SEDA CENTRIO HOTEL) P.O. No. : 2023-08-238
 Address : C. M. Recto cor. Corrales Avenue, Cagayan de Oro City Date : 31-Aug-2023
 TIN : _____ Mode of Procurement : AMP-NP Sec 53.10
Reso No 421 s 2023

Gentlemen: MS. CAROL VALDEZ (6388) 3238888
 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., EGC, Taguig City Delivery Term : As per Event's Schedule
M. M. Naling (EPIMB-PPDD)
 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
		PROCUREMENT FOR THE VENUE, MEALS, ACCOMMODATION, AND OTHER INCIDENTAL EXPENSES FOR THE CONDUCT OF WORKSHOP ON THE 2023-2032 DISTRIBUTION DEVELOPMENT PLAN OF REGION X, CARAGA AND BARMM See attached Terms of Reference (TOR) and approved Service Agreement for details <i>*Subject to deduction of allowed government taxes on the total amount.</i>			
				TOTAL AMOUNT	₱415,680.00

(Total Amount in Words) Four Hundred Fifteen Thousand Six Hundred Eighty 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: _____
Signature over Printed Name of Supplier IRMA C. EXCONDE
Date Director, EPIMB
 mmn/DEBM

Fund Cluster : _____ ORS/BURS No. : _____
 Funds Available : _____ Date of the ORS/BURS: _____
 Amount : _____
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 marc/jpc
HELEN C. ROLDAN
 Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit