



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. 02-0151-2023-08-0393

PURCHASE ORDER

Supplier : THE ORIENTAL HOTELS AND RESORTS
Address : Baras, Palo, Leyte
TIN : _____

P.O. No. : 2023-09-247
Date : 08-Sep-2023
Mode of Procurement : AMP-NP 53 10

Gentlemen: MR. ALVIN TUAZON | (053) 832 9990 to 92

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
J. B. Esunday (EUMB-EPSMD)

Delivery Term : _____
as per event's schedule

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 FOR THE VENUE, MEALS AND ACCOMMODATION FOR THE IEC CAMPAIGN ON R.A. 11285 AND GOVERNMENT ENERGY MANAGEMENT PROGRAM ONLINE SUBMISSION SYSTEM WORKSHOP FOR THE GOVERNMENT ENTITIES IN THE PROVINCE OF LEYTE</p> <p>See attached Terms of Reference (TOR) and approved Service Agreement for details</p>			
TOTAL AMOUNT ₱					306,950.00
<i>*Subject to deduction of allowed government taxes on the total amount.</i>					

(Total Amount in Words) Three Hundred Six Thousand Nine 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.

This PO serves as the Notice to Proceed (NTP) when signed by the Supplier

Conforme: _____
ALVIN TUAZON
Signature over Printed Name of Supplier

Very Truly yours: _____
PATRICK T. AQUINO, CESO III
Signature over Printed Name of Authorized Official

08-SEP-2023
Date

JBB/DEBM
FR

Director, EUMB
Designation

Fund Cluster : _____
Funds Available : _____

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

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marc/jpc
HELEN C. ROLDAN
Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit

Amount : _____