



DEPARTMENT OF ENERGY

QUINTUPLICATE

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

PMD/QF-17 17 Oct 2022 Rev. 0

PR No. 02-0151-2023-08-0394

PURCHASE ORDER

Supplier : ROBINSONS LAND CORPORATION (THE SUMMIT RIDGE HOTEL TAGAYTAY) P.O. No. : 2023-09-296
 Address : KM. 58, Gen. Emilio Aguinaldo Highway, Tagaytay City Date : 15-Sep-2023
 TIN : _____ Mode of Procurement : Reso No. 333 s 2023

Gentlemen: MS. ERIKA JOY MENDOZA-CREUS | (02) 8240 6888
 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) 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 - Advice to Credit Account subject to government budgeting, accounting and other policies.
 Date of Delivery : _____

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		<p>PROCUREMENT OF SERVICES FOR THE VENUE, MEALS AND ACCOMMODATION FOR THE CONDUCT OF THE PERFORMANCE EXECUTION REVIEW ACTIVITY</p> <p>See attached Terms of Reference (TOR) and approved Service Agreement for details</p>			
			TOTAL AMOUNT		₱ 997,500.00
<i>*Subject to deduction of allowed government taxes on the total amount.</i>					

(Total Amount in Words) Nine Hundred Ninety-Seven Thousand Five 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.

Conforme: _____ Very Truly yours: PATRICK T. AQUINO, CESO III
 Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official
10/10/2023 Date Director, EUMB Designation

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