



DEPARTMENT OF ENERGY

QUINTUPPLICATE

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

PMD-QF-17
16 Dec 2022
Rev. 1

PR No. 02-0101/2023-07-0357

PURCHASE ORDER

Supplier : J.A.D. SAVER'S DEVELOPMENT CO., INC. P.O. No. : 2023-09-298
 Address : (BEST WESTERN HOTEL METRO CLARK) Date : 21-Sep-2023
 TIN : Saver's Mall, Bahibago, Angeles, Pampanga Mode of Procurement : AMP-NP Sec 53 10

Gentlemen: MS. SARAH CENDINOZA | (045_409 999 | 0917 637 2423 Reso No. 342 s. 2023
 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
M. L. L. Olap (EPIMB-REAMD) 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 LDDAP-ADA subject to government budgeting, accounting and auditing rules.
 Date of Delivery : _____

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		<p>PROCUREMENT FOR THE VENUE, MEALS, ACCOMMODATION, AND OTHER INCIDENTAL EXPENSES FOR THE CONDUCT WORKSHOP ON MGSP CSP DOCUMENTS</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 ₱321,000.00

(Total Amount in Words) Three Hundred Twenty One Thousand 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: _____
SARAH CENDINOZA IRMA C. EXCONDE
 Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official
Sept. 20, 2023 Director EPIMB
 Date Designation

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