



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. 02-0101-2023-07-0348

PURCHASE ORDER

Supplier : <u>LOS ANGELES CORPORATION (EL CIELITO INN)</u>	P.O. No. : <u>2023-09-313</u>
Address : <u>50 North Drive, Engineer's Hill, Baguio City</u>	Date : <u>29-Sep-2023</u>
TIN : _____	Mode of Procurement : <u>AMP-NP Sec. 53.10</u>

Gentlemen: MS. KIMBERLY FRAINCE D. ATIENZA | Contact No. _____

Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : <u>DEPARTMENT OF ENERGY, Energy Center, Rizal Dr., BGC, Taguig City</u> <u>M. M. Nating (EPIMB - PPDD)</u>	Delivery Term : <u>As per Event's Schedule</u>
Date of Delivery : _____	Payment Term : <u>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.</u>

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		<p>PROCUREMENT SERVICES FOR THE VENUE, MEALS, AND ACCOMMODATION FOR THE CONDUCT OF WORKSHOP ON THE 2023-2032 DISTRIBUTION DEVELOPMENT PLAN OF REGION I, II, AND CAR DISTRIBUTION UTILITIES IN BAGUIO</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					₱321,300.00

(Total Amount in Words) Three Hundred Twenty-One Three 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: _____

Signature over Printed Name of Supplier: _____ Signature over Printed Name of Authorized Official: IRMA C. EXCONDE

Date: _____ Designation: Director, EPIMB

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