



DEPARTMENT OF ENERGY

QUINTUPPLICATE

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

PURCHASE ORDER

PR No. 02-01-1-2023-05-0240

Supplier : <u>DYNALAL CORPORATION</u>	P.O. No. : <u>2023-09-315</u>
Address : <u>Unit 205, 206, 208 Adams Center Building No. 31 Annapolis Street, Greenhills</u>	Date : <u>29-Sep-2023</u>
TIN : _____	Mode of Procurement : _____

Gentlemen: MR. CARLO MAGNO D. REYES 8223-4710

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>	Delivery Term : _____
Date of Delivery : _____	Payment Term : _____

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		<p>SERVICES FOR THE ANNUAL PREVENTIVE MAINTENANCE OF TECHNICAL AND SCIENTIFIC EQUIPMENT - FOUR (4) UNITS OF ANALYTICS VAPOR PRESSURE ANALYZERS</p> <p>Four (4) Units of Analytics Vapor Pressure Analyzers:</p> <p>A. Preventive Maintenance</p> <p>Visual inspection - change inlet filter - perform software update - check refill piston oil - perform coil cleaning procedure - perform low "b" and high "b" valve leakage test - change sampling tube - change outlet tube</p> <p>B. Recommended spare parts:</p> <p>Mech Inlet Filter (5 Pieces) - X-ring O-ring for pressure sensor - Luer Inlet O-ring - Piston Oil - O-ring small for solenoid valve - O-ring large for solenoid valve</p> <p>Detailed specifications is stated in the Terms of Reference</p> <p>Other Terms and General Conditions:</p> <p>as stated in the Terms of Reference</p> <p><i>*Subject to deduction of allowed government taxes on the total amount.</i></p>	1	395,200.00	395,200.00
TOTAL AMOUNT				395,200.00	395,200.00

(Total Amount in Words) Three Hundred Ninety Five Thousand Two Hundred Pesos

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	_____ Signature over Printed Name of Authorized Official
_____ Date	_____ 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	Amount : _____