



DEPARTMENT OF ENERGY

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

QUINTUPLICATE

PMD-QF-17  
17 Oct 2022  
Rev. 0

PR No. 02-0101-2023-09-0412

PURCHASE ORDER

Supplier : <u>LUXENT HOTEL (BCISIS Development Corporation)</u>	P.O. No. : <u>2023-10-341</u>
Address : <u>51 Timog Avenue, South Triangle, Queson City</u>	Date : <u>16-Oct-2023</u>
TIN : _____	Mode of Procurement : <u>AMP-NP 33.10</u>

Gentlemen: MR. NATHAN DELA CRUZ | 0917 713 4118

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

Place of Delivery : <u>D. V. Vilar (RPPB-PFRD)</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 &amp; issuance of certificate of acceptance from the end-user. Payment is through List of Due and Demandable Accounts and Payable</u>

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		<p><b>PROCUREMENT OF SERVICES FOR THE VENUE AND MEALS IN RELATION TO THE CONDUCT OF THE RESILIENCE IN ACTION: A TABLETOP EXERCISE FOR "THE BIG ONE"</b></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>			
<b>TOTAL AMOUNT ₱</b>					<b>212,500.00</b>

(Total Amount in Words) Two Hundred Twelve 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 items.

Conforme:  <u>NATHAN DELA CRUZ</u> Signature over Printed Name of Supplier  <u>20 OCTOBER 2023</u> Date	Very Truly yours:  <u>MICHAEL O. SINOCRUZ</u> Signature over Printed Name of Authorized Official   <u>Director, EPPB</u> Designation
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Fund Cluster : _____	ORS/BURS No. : _____
Funds Available : _____	Date of the ORS/BURS: _____
Page 1 of 1 marc/jpc <u>HELEN C. ROLDAN</u> Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit	Amount : _____