



DEPARTMENT OF ENERGY

QUINTUPPLICATE

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

FMD-QE-17  
17 Oct 2022  
Rev. 0

PR No. 02-0151-2022-10-0455

PURCHASE ORDER

Supplier : GREENHAVEN PROPERTY VENTURES, INC. (Holiday Inn & Suites Makati) P.O. No. : 2022-10-342  
 Address : Palm Drive Ayala Center, Makati City Date : 16 Oct 2023  
 TIN : \_\_\_\_\_ Mode of Procurement : AMP-NB 33.10

Gentlemen: MR. CAMILLE DE JESUS | +63 7 9090888  
 Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : \_\_\_\_\_ Delivery Term : as per event's schedule  
 Date of Delivery : \_\_\_\_\_ Payment Term : Payment will be process within 30 days after completion of services, submission of all required documents & issuance of certificate of acceptance from the end-user. Payment is through List of Disbursement Accounts and Payment Advice to Debit account subject to government budgeting accounting and auditing rules.

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		<p>PROCUREMENT OF SERVICES FOR THE VENUE, MEALS AND ACCOMMODATION ON JOINT REVIEW AND EVALUATION COMMITTEE (REC) DRAFTING OF MODEL CONTRACT AND ACCOUNTING PROCEDURES IN BARMM</p> <p>See attached Terms of Reference (TOR) and approved Service Agreement for details</p> <p>*Subject to deduction of allowed government taxes on the total amount.</p>			
			<b>TOTAL AMOUNT</b>		<b>₱ 1,122,080.00</b>

(Total Amount in Words) One Million One Hundred Twenty-Two Thousand Eighty 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: Camillo de Jesus Very Truly yours: Alessandro O. Sales  
 Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official  
 Date: 10/17/2023 Designation: Undersecretary

Fund Cluster : \_\_\_\_\_ ORS/BURS No. : \_\_\_\_\_  
 Funds Available : \_\_\_\_\_ Date of the ORS/BURS: \_\_\_\_\_  
 Amount : \_\_\_\_\_

HELENC ROLDAN  
 Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit