



DEPARTMENT OF ENERGY

QUINTUPLICATE

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

PMD-QF-17  
17 Oct 2022  
Rev. 0

PR No. 02-0101-2023-09-0433

PURCHASE ORDER

Supplier : SOUTHCREST HOTEL VENTURES (Seda Abreeza Hotel) P.O. No. : 2023-10-347  
 Address : JP Laurel Ave., Bajada, Davao City Date : 16-Oct-2023  
 TIN : \_\_\_\_\_ Mode of Procurement : AMP-NP 53.10  
 Base No. 391 - 2023

Gentlemen: MR. JUNE BANGOT | (6382) 322 8888 local (8433)  
 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  
L. S. Go (IPO)  
 Date of Delivery : \_\_\_\_\_ 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 List of Due and Demandable Accounts and Payable Advice to Debit Account subject to government budgeting accounting and auditing rules

| Stock/Property No.    | Unit | Description  | Quantity | Unit Cost | Amount            |
|-----------------------|------|--|----------|-----------|-------------------|
|                       |      | <p><b>PROCUREMENT OF SERVICES FOR THE VENUE, MEALS AND ACCOMMODATION FOR THE CONDUCT OF EVOSS ORIENTATION</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>340,400.00</b> |

(Total Amount in Words) Three Hundred Forty Thousand Four 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: FELIX WILLIAM B. PUENTIBELLA  
 Signature over Printed Name of Supplier Isg/DEBM Signature over Printed Name of Authorized Official  
 \_\_\_\_\_ Undersecretary  
 Date \_\_\_\_\_ Designation \_\_\_\_\_

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