



DEPARTMENT OF ENERGY

QUINTUPLICATE

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

PR No. 02-0151-2023-09-0413
16 December 2023

PURCHASE ORDER

Supplier: EMPHARET COMMUNICATIONS GRAPHICS AND PRINT P.O. No.: 2023-10-350
 Address: Victoria Bldg., 143 Mindanao Ave., Bgy. Baha Tero, Project 8, Quezon City Date: 16-Oct-2023
 TIN: _____ Mode of Procurement: AMP-HP 0249

Gentlemen: MS. ANADIZA P. RODRIGO (02) 7745 1643
 Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery: DEPT. OF ENERGY, Energy Center, Rizal Dr., BGC, Taguig City Delivery Term: _____
 Date of Delivery: _____ Payment Term: _____

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
	lot	<p>PRINTING OF BIOMASS/BIOFUELS SAFETY, HEALTH AND ENVIRONMENT CODE OF PRACTICE HANDBOOK</p> <p>No. of copies: 1,000 No. of pages: 56 pages back to back excluding cover Size: 8.5 x 8.5 inches (folded); 11 x 8.5 inches (spread) Color: Cover - colored; Inside - Black and White Pages: 56 pages back to back excluding cover Paper Thickness: Cover (300 GSM), Inside (115 GSM) Description: perfect binding; ties supplied Lamination: Cover, UV lamination; 1 side</p> <p>Other Terms and General Conditions: as stated in the Terms of Reference</p> <p><i>*Subject to deduction of allowed government taxes on total</i></p>	1	19,500.00	19,500.00
TOTAL AMOUNT ₱					19,500.00

(Total Amount in Words) Fourty-nine Thousand Five Hundred 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.
This PO serves as the Notice to Proceed (NTP) when signed by the Supplier.

Conforme: BENITO A. MARCELO Very Truly yours: ATTY. MARISSA P. CEREZO
 Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official
NOV. 24 2023 for Cash
 Date Designation: Director, REMB

Fund Cluster: _____ ORS/BURS No.: _____
 Funds Available: ₱ 40,000.00 Date of the ORS/BURS: _____
 Amount: _____
 Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit