



DEPARTMENT OF ENERGY

QUINTUPLICATE

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

PMD-QF-17 27 October 2023 Rev. 2

PR No. 02-0151-2024-02-0072

PURCHASE ORDER

Supplier : SM PRIME HOLDINGS, INC. (PARK INN BY RADISSON) P.O. No. : 2024-02-025
 Address : SM North EDSA Complex, EDSA cor. North Avenue, Barangay Bagong Pag-asa, Quezon City Date : 20-Feb-2024
 TIN : _____ Mode of Procurement : AMP-NP 53.10
 Reso No. 026 s. 2024

Gentlemen: MS. KATHRINA IGNACIO | (02) 7944 1888
 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
S.D.C. Dela Cruz (EUME)
 Date of Delivery : _____ Payment Term : Payment will be processed within 30 days upon completion of services, submission of all required documents, & issuance of certificate of acceptance from the end-user. Payment is through LDDAP-ADA subject to government budgeting, accounting and auditing rules.

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		<p>PROCUREMENT OF VENUE, MEALS, AND ACCOMMODATION FOR THE CONDUCT OF KNOWLEDGE MANAGEMENT ASSIST VISIT AND ASSOCIATED MEETINGS</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 total amount.</i></p>			
					TOTAL AMOUNT ₱ 1,992,000.00

(Total Amount in Words) One Million Nine Hundred Ninety-Two Thousand 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.
This PO serves as the Notice to Proceed (NTP) when signed by the Supplier.

Conforme: KATHRINA IGNACIO Very Truly yours: SHARON S. GARIN
 Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official
FEBRUARY 20, 2024 DPTA/DEBM 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