



DEPARTMENT OF ENERGY

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

QUINTUPPLICATE

PMD-QF-17
27 October 2023
Rev. 2

PR No. 02-0101-2025-01-0015

PURCHASE ORDER

Supplier : GO HOTELS DAVAO, INC.
Address : KM. 7 J.P. Laurel Ave., Brgy. Rafael Castillo, Agdao, Davao City
TIN : _____

P.O. No. : 2025-02-021
Date : 17-Feb-2025
Mode of Procurement : AMP-NP 53.10
Reso No. 051 s. 2025

Gentlemen: **MS. ELEONITA Y. DINGLE**

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

DEPARTMENT OF ENERGY, Energy Center, Rizal Dr., BGC, Taguig City
Place of Delivery D.C.G. Jorales (EUMB-EPMPD)
Date of Delivery : _____
Delivery Term : as per event's schedule
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
	lot	VENUE, MEALS & ACCOMMODATION FOR THE CONDUCT OF TECHNICAL ORIENTATION AND DESIGNATED ESTABLISHMENT (DE) IN DAVAO DEL SUR AND VICINITY	1	250,140.00 ₱	250,140.00
		See attached Terms of Reference (TOR)			
		*Subject to deduction of allowed government taxes on total amount.			
		TOTAL AMOUNT ₱ 250,140.00			

(Total Amount in Words) **Two Hundred Fifty Thousand One Hundred Forty 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: ELEONITA Y. DINGLE

Very Truly yours:

Signature over Printed Name of Supplier

FEBRUARY 17, 2025

Date

PATRICK T. AQUINO, CESO III

Signature over Printed Name of Authorized Official

Director, EUMB

Designation

Fund Cluster : 01

Funds Available : ₱ 250,140.00

CR No. 01-25-00-047

CR DATE: 02-21-2025

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HELEN C. ROLDAN

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

ORS/BURS No. : _____

Date of the ORS/BURS: _____

Amount : _____