

DEPARTMENT OF ENERGY

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

QUINTUPLICATE

PURCHASE ORDER

PR No. 02-0151-2024-04-0182

EMD-QF-17 27 October 2023 Rev. 2

Supplier FELICIDAD HOTEL AND RESTAURANT MANAGEMENT CORP. (HOTEL FELICID				2024-04-06	3		
Address: No. 9, V. delos Reves comer Florentino Street, Vigan City, Ilocos Sur				Date: 08-Apr-2024			
TIN:				Mode of Procurement : AMP-NP 53.10			
Gentlemen: M		E FREO			COU 140. V/O 2. 2V	# ·	
	Pleas	se furnish this Office the following articles subject to the ter	ms and cond	ditions contained	d herein:		
DEPARTMENT OF ENERGY, Energy Center, Rizal Dr., BGC, Tag				uig City Delivery Term : as per event's schedule			
Place of Delivery: J.B. BALUNDAY (EUMB)			Payment Term Payment will be processed within 30 days upon				
Date of Delivery :			Issuance of certificate of acceptance from the end-user. Payment				
ALL ALL DE TUE	REPORTED	ero Processo so de la proventa d'especialment de	is through Li	DDAP-ADA subje	ot to government b	udgeting	
Stock/Property No.	Unit	Description	accounting a	Quantity	Unit Cost	Amount	
		VENUE, MEALS, AND ACCOMMODATION IS CONDUCT OF GIRLS AND SCIENCE, GIRLS SCIENCE (YOU HAVE THE POWER!) CAMPAGE See attached Terms of Reference (TOR) and Service Agreement for details.	S IN PAIGN		Hovage and Tolleston and Maneso and Tolleston Tolleston		
		to the testing of allowed compression	fover on	TOTAL	AMOUNT F	1,264,130.00	
	*Subject to deduction of allowed government taxes on total amount.				en wilsus.		
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(Total Amount in Words) One Million Two Hundred Sixty-Four Thousand One Hundred Thirty Pesos only							
		e to make the full delivery within the time specified above, a e imposed on the underdelivered item/s. This PO serves as the Notice to I					
Conforme:		Very Truly yours:		flat	2		
	av fili A	Fire C Del C	FFLIX	WILLIAM	3. FUENTEB	ELLA	
S			gnature over	Printed Name of A	Authorized Official		
	KA	PRIL 7020 DPTA/DEBN			41 1150 BOS-		
Date Designation							
Fund Cluster:			ORS/BURS No. :				
Funds Available: 91,244,170-W			Date of the ORS/BURS:				
4/12/24 Recard			Amount:				
page 1 of	- T	gnature over Printed Name of Chief Accountant/Head of	/ inount .			P CELL	
marc/jpc/	caq Si	Accounting Division/Unit				1	