

## DEPARTMENT OF ENERGY Energy Center, Rizal Drive cor. 34th St., Bonifacio Global City, Taguig

## QUINTUPLICATE

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

## PURCHASE ORDER

PMD-QF-17 17 Oct 2022

Supplier: SOUTHCREST HOTEL VENTURES (Seda Abreeza Hotel)				P.O. No. :	2023-10-34	7		
Address: IP Laurel Ave., Bajada, Davão City				Date: 16-Oct-2023				
TIN:				Mode of Pr	Mode of Procurement : AMP-NP 53-10			
Gentlemen: MR. JUNE BANGOT   (6382) 322 8888 total (8433)								
Please furnish this Office the following articles subject to the terms and conditions contained herein:								
DI	PARTI	MENT OF EMERGY, Energy Center,	Pizal Dr., BGC, Tagi	ig City				
Place of Delivery : L. S. Go (IPO)			to territo saturata.	Delivery Te	elivery Term : 35 per events schedule			
					Payment Term : Payment will be process within 30 days upon			
Date of Delivery :			Consession of the	completion of services, submission of all required documents & issuance of certificate of acceptance from the end-user. Payment				
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Stock/Property No.	Unit	Descrip	otion	accounting a	Quantity	Unit Cost	Amount	
	data e	PROCUREMENT OF SERVICE MEALS AND ACCOMMODATE OF EVOSS ORIENTATION See altached Terms of Referent Service Agreement for details	ON FOR THE CO	MENCT	Virte view in the control of the con			
			1 26 X 2 C			MOUNT B	340,400.00	
	1	*Subject to deduction of allowe	d government taxe	es on the to	dal amount.			
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(Total Amanutic Ma	0)	Three Hundred Forty Thousand	Four Hundred Per	sos Only				
(Total Amount in Words) Thee Purious Porty Tribusante Pour Fluridade Pesos Cruy								
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.ne Hotice to Proceed (NTP) when signed by the Supplier.								
day of delay	Silali D	e imposed on the diderdelivered ite	Whe House to Pr	oceed (MT)	t) when signs	od by the Supp	itter.	
Conforme:			Very Truly yours:			5 #	1.	
			The section of the se	EPPIX MI	LLIAM B. P	CENTREL	LA	
Signature over Printed Name of Supplier			Signature over Printed Name of Authorized Official					
			Undersecretary					
Date			Designation					
				ODC/PLIDS No.				
Fund Cluster:				ORS/BURS No.:				
Funds Available:				Date of the ORS/BURS:				
Page 1 bit HELEN C KOLDAN				Amount:				
Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit								
of the terminal		Accounting Division/Offic	Tallian Line	1 7 7	of Leading.		ACTOR AND ADDRESS.	