



DEPARTMENT OF ENERGY

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

QUINTUPLICATE

PURCHASE ORDER

PMD-QF-17
27 October 2023
Rev. 2

PR No. 02-0101-2025-01-0012

Supplier : <u>NEW YORK MEGA CITY DEV CORP (FI HOTEL MANILA)</u>	P.O. No. : <u>2025-02-010</u>
Address : <u>Unit E Upper Ground Flr., F1 City Center, 32nd St. cor. lane A, BGC, Fort Bonifacio, Taguig</u>	Date : <u>10 Feb 2025</u>
TIN : _____	Mode of Procurement : <u>AMP-ND 93 10</u>

Gentlemen: **MS. ME-ANN LA ROSA (02) 8928 9888** Reso No. 040 s. 2025
Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : <u>DEPARTMENT OF ENERGY, Energy Center, Rizal Dr., BGC, Taguig City</u>	Delivery Term : <u>as per event's schedule</u>
Date of Delivery : _____	Payment Term : <u>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 LQAP-ADA subject to government budgeting, accounting and auditing rules.</u>

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
	lot	VENUE AND MEALS ON THE CONDUCT OF THE GEMP RTI ANNUAL ASSEMBLY 2025	1	150,000.00 ₱	150,000.00
		See attached Terms of Reference (TOR)			
		*Subject to deduction of allowed government taxes on total amount.			
				TOTAL AMOUNT ₱	150,000.00

(Total Amount in Words) **One Hundred Fifty 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: _____ Very Truly yours: _____
Signature over Printed Name of Supplier **PATRICK T. AQUINO, CESO III**
Signature over Printed Name of Authorized Official
jbb/DEBM
Director, EUMB
Designation
Date _____

Fund Cluster : <u>01</u>	ORS/BURS No. : _____
Funds Available : <u>₱ 150,000.00</u>	Date of the ORS/BURS: _____
page 1 of 1 HELEN C. ROLDAN Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit	Amount : _____