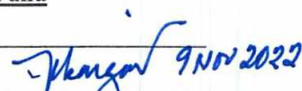




**PURCHASE ORDER**  
**PHILIPPINE RETIREMENT AUTHORITY**  
 29/F BDO Towers Valero, (Formerly Citibank Tower),  
 Paseo de Roxas, Makati City

Supplier :	EVENTS & CONCEPTS	P.O. No. :	2022 - 127		
Address :	Timog Residences Cuayan, Angeles City	Date :	November 8, 2022		
TIN :	915-699-661-000	Mode of Procurement :	<b>SVP</b>		
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery : <u>29th Flr BDO Towers Valero, Paseo De Roxas, Makati City</u>		Delivery Term : <u>30 WD (upon receipt of PO)</u>			
Date of Delivery : <u>Please refer to Delivery Term</u>		Payment Term : <u>15 working days</u>			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	lot	Event Coordinator for the PRA Clark/Subic Satellite Office Yuletide Celebration	1	500,000.00	500,000.00
		<i>details:</i>			
		date: December 7, 2022			
		time: 1:00PM - 06:00PM			
		venue:			
		<i>inclusions:</i>			
		food and drinks with lechon			
		photo and video souvenir package			
		physical arrangement			
		entertainment			
		give-aways and prizes			
		complete details : as stated in the proposal and terms of reference			
		<i>terms of payment: 50% down payment - seven (7) days before the event and 50% full payment seven (7) days after the event</i>			
		*** nothing follows ***			
					<b>500,000.00</b>
<b>(Total Amount in Words)</b>		Five Hundred 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 undelivered item/s.					
Conforme:		Very truly yours,			
<b>JOSEPH VOLTAIRE M. ZALAMEA</b>		<b>Atty. BIENVENIDO K. CHY</b>			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official General Manager HoPE			
Date		Designation			
Fund Cluster : <b>Internally Generated Fund</b>			ORS/BURS No. : _____		
Funds Available : <u>₱ 500,000.00 -</u>			Date of the ORS/BURS: _____		
 <b>REMEGIO P. ABAIGAR</b>			Amount : _____		
Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit					