



Requisitioning Group/Dept. General Services Division	<b>PURCHASE ORDER</b>	P.O. No. 00002074	Date 3/27/2021
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<b>TO:</b> ROSHQ TRADING  22 EMERALD SQUARE P. TUAZON ST. PROJECT 4 PROJECT 4 QUEZON CITY  TIN:	GENTLEMEN/LADIES: Please supply us within _____ days after receipt of this purchase order the item(s) listed below. Terms of Payment: Within _____ days after complete delivery and submission of all requirements.
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Qty.	Unit of measure	Complete Item Name and Specification <small>(i.e. description, size/dimension/volume, model, use of item, color, capacity, etc.) Brand Name &amp; Country of origin or manufacture (if no brand, state none)</small>	Unit Price	Total
207	PC	PREPAID/CALL CARD GLOBE NETWORK, P500 (FOR 3 MONTHS PER POCKET Wi-Fi)	497.00	102,879.00
138	PC	PREPAID/CALL CARD SMART NETWORK, P500 (FOR 3 MONTHS PER POCKET WI-FI) (FOR NHMFC USE)	497.00	68,586.00
<b>Grand Total</b>				<b>171,465.00</b>

Funds Available:  
**MARK ANJEL J. BALDERAMA**  
 Accounts Analyst II  
 Signature over printed Name / Date MAR 30 2021

<b>Recommending Approval</b>  NEPOMUCENO SA. REYES, JR. COD, General Services Division	<b>APPROVED</b>  JEFFREY F. CALIMLIM OIC, Appraisal and General Services Dept.
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Supplier contact details: Tel no.: Fax no.: Cellphone no.: E-mail Address:  Taxes paid by NHMFC (i.e VAT, etc., if taxes are paid by supplier, do not indicate):  Check if: Exclusive Distributor or [ ] Manufacturer [ ] Check if: DTI Registered, only [x] SEC Registered, only [ ] Both SEC & DTI Registered [ ]	We declare it to be known and accepted by us that our failure to effect delivery of the item(s) covered by this order within the period specified herein shall give the Corporation the right to cancel this order or make an open market purchase of the undelivered item(s) for which we agree to reimburse the Corporation for all payments made by it in excess of the unit price quoted herein for the said undelivered item(s). We further declare that failure to deliver item(s) within the specified delivery period may subject us to payment of liquidated damage in an amount equivalent to 1/10 of 1% of the total value of the undelivered item(s) for every day of non-delivery. Will submit the following requirement upon delivery to facilitate payment of the corresponding bill: 1. Original Purchase Order and two (2) copies of the Supplier's Invoice(s) bills Clearance Certificate 2. Xerox copy of Certificate of Registration (BIR Form 2303) & Taxpayer 3. Xerox copy of Business & Mayor's Permit Mode of Procurement: [x] *Shopping [ ] *Small Value [ ] Public Bidding (*) Submit Item #1 only
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(Please see additional requirement(s)) at the back hereof	Signature: Printed Name: <b>Supplier/Contractor-Date</b>
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