



**NATIONAL HOME MORTGAGE  
FINANCE CORPORATION**  
TIN: 000-531-803-000



**NHMFC**



03040821160000145

RIS NO.: 21-03-090

Requisitioning Group/Dept. Custodianship Division	<b>PURCHASE ORDER</b>	P.O. No. 00002094	Date 4/8/2021
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<b>TO:</b> <b>JONECO TECH MARKETING CORP.</b>  #17 Shaw Blvd. Brgy. San Antonio, Pasig City  TIN:	<b>GENTLEMEN/LADIES:</b> Please supply us within <u>30 WORKING</u> days after receipt of this purchase order the item(s) listed below. Terms of Payment: Within <u>30 DAYS</u> 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
2	UNIT	<b>SCANNER MACHINE</b>  KODAK i3450 WITH ADF (HEAVY DUTY), SPEED B&W, A4 LANDSCAPE, 90PPM, 300DPI, SPEED COLOUR, A4 LANDSCAPE, 80 PPM, 300 DPI, ADF 250SHEETS, DUTY CYCLE APPROX. 20,000PAGES PER DAY, CONNEC TIONS: USB 2.0 & 3.0, SIZE CLOSED (LXHP MM) 431, 8X237,5 X 371, SOFTWARE INC. ALARIS CAPTURE PRO LIMITED EDITION, PERFECT PAGE TECHNOLOGY & SMART TOUCH (FOR CUSTODIANSHIP DIV. USE)	390,000.00	780,000.00
Funds Available:				
<b>Grand Total</b>				<b>780,000.00</b>
Signature over printed Name / Date				

<b>Recommending Approval</b>   <b>MERCEDITA S. LORENZANA</b> OIC, Assets Management Department	<b>APPROVED</b>   <b>CAROLINA C. CORTEZ</b> OIC, Fund and Asset Management Group
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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 [ ] 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 2. Xerox copy of Certificate of Registration (BIR Form 2303) & Taxpayer Clearance Certificate 3. Xerox copy of Business & Mayor's Permit Mode of Procurement: <input checked="" type="checkbox"/> *Shopping [ ] *Small Value [ ] Public Bidding (*) Submit Item #1 only
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(Please see additional requirement(s) at the back hereof)	<b>Signature:</b>  <b>Printed Name: Supplier/Contractor-Date</b> Romeo Arenas 4/12/2021
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**PROCUREMENT**