



RIS NO.: 21-04-119

Requisitioning Group/Dept. General Services Div Warehouse	PURCHASE ORDER	P.O. No. 00002107	Date 5/17/2021
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TO: RMF AIRCON SERVICES Unit 8 & 9 Gold Commercial Complex E. Aguinaldo Hi-way Anabu I E. Aguinaldo Hi-way Anabu I Imus Cavite	GENTLEMEN/LADIES: Please supply us within _____ days after receipt of this purchase order the item(s) listed below. COD 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 & Country of origin or manufacture (if no brand, state none)</small>	Unit Price	Total
1	LOT	AIRCONDITIONER SUPPLY, DELIVERY AND INSTALLATION OF FLOOR MOUNTED 6.0HP, DAIKIN FVFC140AXVL/R2FC140AVM, SKY AIR ENTRY INVENTER, TO BE INSTALLED AT OP-ANNEX, GROUND FLOOR (FOR NHMFC USE)	194,000.00	194,000.00
Grand Total				194,000.00
Funds Available: _____ <i>[Signature]</i> 5/17/21 Signature over printed Name / Date				

Recommending Approval NEPOMUCENO SA. REYES, JR. COD, General Services Division	APPROVED <i>[Signature]</i> JEFFREY F. CALIMLIM OIC, Appraisal and General Services Division
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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 2. Xerox copy of Certificate of Registration (BIR Form 2303) & Taxpayer Clearance Certificate 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: Supplier/Contractor-Date <i>[Signature]</i> 05/17/21
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