



**NATIONAL HOME MORTGAGE
FINANCE CORPORATION**

TIN: 000-531-803-000



NHMFC



02060721270000143

RIS NO.: 21-05-148

Requisitioning Group/Dept. VP-LMD	PURCHASE ORDER	P.O. No. 00002124	Date 6/7/2021
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TO: NEW A.G. STYLIST FURNITURE 132 A & G AURORA BLVD SAN JUAN SAN JUAN METRO MANILA TIN:	GENTLEMEN/LADIES: <u>15 WORKING</u> Please supply us within _____ days after receipt of this purchase order the item(s) listed below. <u>30 Days</u> 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	UNIT	CHAIR EXECUTIVE (Manager/Executive Features: Pneumatic Seat, Synchro Tilt Lock, Adjustable, Headrest)	5,800.00	5,800.00
3	UNIT	CHAIRS COD.JR Hicks Chair, Back Height, Mid-back Material)	4,000.00	12,000.00
1	UNIT	CABINET, STEEL FILING, LATERAL (4 Drawer, Gauge 20, color, Gray (Loans Management Department use))	9,900.00	9,900.00
Funds Available: Grand Total				27,700.00

Signature: Helen E. Aldgado 6/23/21
ACCTS - ANALYST II
 Signature over printed Name / Date

CANCELLED

DATE: JUL 01 2021

REASON: Disapproved by CBD

Recommending Approval <u>Jovel E. De Mesa</u> OIC, PCAD	APPROVED <u>PAZ DIVINA A. CABALLERO</u> OIC, LMD
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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):	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 <input type="checkbox"/> *Small Value <input type="checkbox"/> Public Bidding (*) Submit Item #1 only
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Check if: Exclusive Distributor or <input type="checkbox"/> Manufacturer <input type="checkbox"/> Check if: DTI Registered, only <input checked="" type="checkbox"/> SEC Registered, only <input type="checkbox"/> Both SEC & DTI Registered <input type="checkbox"/>	(Please see additional requirement(s)) at the back hereof	Signature: Printed Name: Supplier/Contractor-Date
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