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05-002-003-010-01

11/24/21



NATIONAL HOME MORTGAGE FINANCE CORPORATION

TIN: 000-531-803-000



NHMFC



02073021270000309

RIS NO.: 21-07-209

Requisitioning Group/Dept. General Services Div Warehouse	<b>PURCHASE ORDER</b>	P.O. No. 00002162	Date 8/4/2021
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<b>TO:</b> GROUP 5 AUDIO VISUAL SYSTEMS CORPORATION UG, U 35 CITYLAND 9 DELA ROSA CONDO DELA ROSA ST MAKATI CITY TIN: 005-340-352-000 V	<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>15 Days</u> 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
50	PC	HP 932 XL BLACK	1,600.00	80,000.00
50	PC	HP 933 XL, CYAN	900.00	45,000.00
50	PC	HP 933 XL, YELLOW	900.00	45,000.00
50	PC	HP 933 XL, MAGENTA	900.00	45,000.00
50	PC	BROTHER INK LC3617 BLACK	680.00	34,000.00

Funds Available:  
*Helen E. Alegado*  
**HELEN E. ALEGADO**  
 Accounts Analyst II  
 Signature over printed Name / Date **AUG 6 2021**

<b>Recommending Approval</b>  NEPOMUCENO SA. REYES, JR. COD, General Services Division	<b>APPROVED</b> <i>Jeffrey F. Calimlim</i> <b>JEFFREY F. CALIMLIM</b> 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 [ / ] 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 <input checked="" type="checkbox"/> *Small Value [ ] Public Bidding (*) Submit Item #1 only
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(Please see additional requirement(s) at the back hereof)

Signature: *Isabelani Reyes*  
 Printed Name: **Supplier/Contractor-Date** **09/30/21**