



**NATIONAL HOME MORTGAGE
FINANCE CORPORATION**

TIN: 000-531-803-000



NHMFC



02111221160000551

RIS NO.: **21-10-251**

Requisitioning Group/Dept. Office of the President	PURCHASE ORDER	P.O. No. 00002187	Date 11/12/2021
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TO: RINA CANLAS ENTERPRISES Unit 2D AL3 Building #53 Visayas Ave. Vasra I Quezon City TIN:	GENTLEMEN/LADIES: 30 WORKING Please supply us within _____ days after receipt of this purchase order the item(s) listed below. 15 DAYS 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 (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)	Unit Price	Total
3,670	PC	WALL CALENDAR 7 pages including cover, Size: H=33.5" x W=22", C2S 160lbs (Glossy Paper Type)Color: 4/4 (Full Color) All pages, back to back, Offset Printing with scoring, with Spiral Wire-O Binding, Wire Hanger Type	144.80	531,416.00
3,250	PC	BUCKET HAT	124.80	405,600.00

Funds Available: *[Signature]*
HELEN E. ALEGADO
 Accounts Analyst II
 Signature over printed Name / Date
NOV 17 2021

Recommending Approval <i>[Signature]</i> AIREEN B. OGRIMEN CEO I, OP	APPROVED Digitally signed by Rabat Carlo Luis <i>[Signature]</i> CARLO LUIS RABAT Date: 2021.11.16 17:16:28 +08'00' PRESIDENT
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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 []	<p>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).</p> <p>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.</p> <p>Will submit the following requirement upon delivery to facilitate payment of the corresponding bill:</p> <ol style="list-style-type: none"> 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 <p>Mode of Procurement: <input type="checkbox"/> *Shopping <input checked="" type="checkbox"/> *Small Value <input type="checkbox"/> Public Bidding (*) Submit Item #1 only</p>
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(Please see additional requirement(s) at the back hereof)	Signature: <i>[Signature]</i> Printed Name: Ben P. Ogrimen Supplier/Contractor-Date: 11/12/21
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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
		One Size, Material: Brocs, Twill, Embroidery of NHMFC Text and Logo, Full colors Logo Size: 13mm x 73mm, Hat Colors: Beige, Khaki, Dark Blue, Thalo Green (For NHMFC Borrowers/Buyers)		
Grand Total				937,016.00

Funds Available:
HELEN E. ALEGADO
Accounts Analyst II
Signature over printed Name / Date

Recommending Approval AIREEN B. OGRIMEN CEO I, OP	APPROVED Digitally signed by Rabat Carlo Luis <i>CARLO LUIS P. RABAT</i> Date: 2021.11.16 17:17:26 +08'00'
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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 []	<p>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).</p> <p>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.</p> <p>Will submit the following requirement upon delivery to facilitate payment of the corresponding bill:</p> <ol style="list-style-type: none"> 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 <p>Mode of Procurement: <input type="checkbox"/> *Shopping <input checked="" type="checkbox"/> *Small Value <input type="checkbox"/> Public Bidding (*) Submit Item #1 only</p>
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(Please see additional requirement(s) at the back hereof)

Signature: *Gen Rina Canlas* 12/3/21
 Printed Name: Supplier/Contractor-Date