



**NATIONAL HOME MORTGAGE
FINANCE CORPORATION**

TIN: 000-531-803-000



NHMFC



02021622160000840

RIS NO.: **22-01-020**

| | | | |
|---|---------------------------|----------------------|-------------------|
| Requisitioning Group/Dept. General Services Division | PURCHASE ORDER | P.O. No. 00002234 | Date 2/16/2022 |
|---|---------------------------|----------------------|-------------------|

TO:
AV GLACIER AUTO PARTS INC.

505-PASAY CITY

GENTLEMEN/LADIES:
Please supply us within _____ days after receipt of this purchase order the item(s) listed below.
Terms of Payment: Within COD days after complete delivery and submission of all requirements.

| Qty. | Unit of measure | Complete Item Name and Specification | Unit Price | Total |
|--|-----------------|---|------------|------------------|
| | | (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) | | |
| 2 | PC | UPPER BALL JOINT | 13,500.00 | 27,000.00 |
| 2 | PC | LOWER, BALL JOINT (For T. Hi-Ace A3T-348 assigned to motorpool) | 1,800.00 | 3,600.00 |
| Grand Total | | | | 30,600.00 |
| Funds Available: _____ Accounts Analyst II _____ <i>2/24/2022</i> Signature over printed Name / Date | | | | |

Recommending Approval

NEPOMUCENO SA. REYES, JR.
COD, General services Division

APPROVED
[Signature]
JEFFREY F. CALIMLIM
OIC, Appraisal and General Services Dept.

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:
[] *Shopping [] *Small Value [] Public Bidding
(* Submit Item #1 only)

(Please see additional requirement(s) at the back hereof)

Signature: _____
Printed Name: Supplier/Contractor-Date