



Requisitioning Group/Dept. General Services Div Warehouse	PURCHASE ORDER	P.O. No. 00002239	Date 2/17/2022
---	---------------------------	----------------------	-------------------

TO: BEST CHOICE ENTERPRISES 330 PALON ST. GRACE PARK, CALOOCAN CITY CALOOCAN CITY TIN: 204-466-143-000	GENTLEMEN/LADIES: Please supply us within <u>15 WORKING</u> days after receipt of this purchase order the item(s) listed below. Terms of Payment: Within <u>15 Days</u> days after complete delivery and submission of all requirements.
---	---

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
50	PC	TONER CARTRIDGE HP 26A (For GSD , Stock-items use)	3,500.00	175,000.00
Grand Total				175,000.00

Funds Available: *[Signature]*
HELEN E. LEGADO
 Accounts Analyst II 2/23/2022
 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 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 <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"/>	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)
---	---

(Please see additional requirement(s)) at the back hereof	Signature: Printed Name: Supplier/Contractor-Date
--	---