



**NATIONAL HOME MORTGAGE  
FINANCE CORPORATION**

TIN: 000-531-803-000



**NHMFC**



03033022160000166

RIS NO.: 22-03-073

<b>Requisitioning Group/Dept.</b> Technical Support Division	<h1 style="margin: 0;">PURCHASE ORDER</h1>	<b>P.O. No.</b> 00002248	<b>Date</b> 3/29/2022		
<b>TO:</b> KONEK-IT NETWORK TECHNOLOGIES, INC.  4flr Unit 416 Citiland Shaw Tower, Shaw Blvd. cor Saint Francis St. Mandaluyong City		<b>GENTLEMEN/LADIES:</b> 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>30 DAYS</u> days after complete delivery and submission of all requirements.			
<b>Qty.</b>	TIN: 007-000-000	<b>Unit of measure</b>	<b>Complete Item Name and Specification</b> <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>	<b>Unit Price</b>	<b>Total</b>
2		UNIT	SWITCH HUB (Managed) POE: 48 Port Gigabit Ethernet Switch, 48x10x1000POE, 4GB Ethernet SFP Ports, 382w, 104GB/s	165,800.00	331,600.00
2		UNIT	SWITCH HUB (Managed NON-POE, 48Prts Gigabite Ethernet Switch, 48x100x1000 NON-POE, 4GB Ethernet SFP Ports, 182w, 104GB/s (Items must be delivered within 15 days from receipt of Purchase Order (PO) (For NHMFC use)	112,980.00	225,960.00
Funds Available: <b>Grand Total</b>					557,560.00
<b>Recommending Approval</b>  RAJEWEN C. ZABALA Manager, CPMISD			<b>APPROVED</b>  ROMEO S. ROLDAN VP-CSSG		
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		
Check if: Exclusive Distributor or Manufacturer <input type="checkbox"/> <input type="checkbox"/> Check if: DTI Registered, only <input type="checkbox"/> SEC Registered, only <input checked="" type="checkbox"/> Both SEC & DTI Registered <input type="checkbox"/>			Signature: Printed Name: <b>LEONARDO P. ELLANO</b> Supplier/Contractor-Date: <u>04/11/22</u>		
(Please see additional requirement(s)) at the back hereof					