



**NATIONAL HOME MORTGAGE
FINANCE CORPORATION**

TIN: 000-531-803-000



NHMFC



03040822160000175

RIS NO.: 22-03-071

Requisitioning Group/Dept. Technical Support Division	<h1 style="margin: 0;">PURCHASE ORDER</h1>	P.O. No. 00002258	Date 4/7/2022
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TO: KONEK-IT NETWORK TECHNOLOGIES, INC. 4flr Unit 416 Citiland Shaw Tower, Shaw Blvd. cor Saint Francis St. Mandaluyong City	GENTLEMEN/LADIES: <u>15 WORKING</u> Please supply us within _____ 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.
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Qty.	TIN: 007-021-593-000 measure UNIT	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
4	UNIT	HARD DISK DRIVE Ordinary SAS HDD, Specifications: 6GB SAS FRU, 00AJO82; 900GB, 10K rpm(For Document Tracking System (DTS) Storage	21,000.00	84,000.00
Grand Total				84,000.00

Funds Available: *[Signature]*
MARGIE J. BARBIRAN
 Supervising Financial Analyst
 Signature over/printed Name / Date

Recommending Approval <i>[Signature]</i> NORA M. ENCINA COD, ISTSD	APPROVED <i>[Signature]</i> RAJEWEN C. ZABALA MANAGER, CPMISD
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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 <input type="checkbox"/> Manufacturer <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"/>	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
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(Please see additional requirement(s)) at the back hereof	Signature: <i>[Signature]</i> Printed Name: Supplier/Contractor-Date
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