



RIS NO.: **22-04-118**

Requisitioning Group/Dept. General Services Division	PURCHASE ORDER	P.O. No. 00002276	Date 5/6/2022
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TO: RMF AIRCON SERVICES Unit 8 & 9 Gold Commercial Complex E. Aguinaldo Hi-way Anabu I E. Aguinaldo Hi-way Anabu I Imus Cavite	GENTLEMEN/LADIES: Please supply us within _____ days after receipt of this purchase order the item(s) listed below. Terms of Payment: Within <u> </u> COD _____ 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
1	LOT	REPAIR & MAINTENANCE - OTHER EQUIPMENT NHMFC Head Office Makati, (9) units Cassette, WALL, Floor Mounted A/C Annex, Ground Flr OP/OEVP & FAMG G-/Floors & Boardroom-5/Firs; NHMFC Taguig Warehouse: (3) units Wall/Floor & Ceiling Mounted A/C: NHMFC Cavite Stellite (8) units Wall/Floor Ceiling Mounted A/C, (4) units Ceiling Mounted A/C NHMFC QC DHSUD: (3) units Wall/Cassette Mounted DHSUD A/C G-Floor	68,200.00	68,200.00
Funds Available: Grand Total ARMIE S. LACUATA <i>05/11/2022</i> Financial Specialist Signature over printed Name / Date Controlship and Budget Division				68,200.00

Recommending Approval NEPOMUCENO A. REYES, JR. COD, General Services Division	APPROVED <i>Jeffrey F. Calimlim</i> JEFFREY F. CALIMLIM O/C, Appraisal and General Services Dept.
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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 <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 Clearance Certificate 2. Xerox copy of Certificate of Registration (BIR Form 2303) & Taxpayer 3. Xerox copy of Business & Mayor's Permit Mode of Procurement: <input type="checkbox"/> *Shopping <input checked="" 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>Ma. Juliana M. Fernandez</i> Printed Name: Supplier/Contractor-Date 05/20/22
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