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| <b>Requisitioning Group/Dept.</b><br><br>OVP, Securitization Group | <h1 style="margin: 0;">PURCHASE ORDER</h1> | <b>P.O. No.</b><br>00002283 | 5/24/2022 |
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| <b>TO:</b><br><br><b>AMITY PRINTING PRESS</b><br><br>Lot 6, Blk 12, Chromium Rd. & #16 Amber Road<br>Pilar Village Las Pinas City | <b>GENTLEMEN/LADIES:</b> 15 WORKING<br>Please supply us within _____ days after receipt of this purchase order the item(s) listed below. <b>15 DAYS</b><br><br>Terms of Payment: Within _____ days after complete delivery and submission of all requirements. |
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| Qty.  | Unit of measure | Complete Item Name and Specification<br><small>(i.e. description, size/dimension/volume, model, use of item, color, capacity, etc.)<br/>Brand Name &amp; Country of origin or manufacture (if no brand, state none)</small> | Unit Price | Total            |
|---|-----------------|---|------------|------------------|
| 15  | Box             | CALLING CARD<br>-Conqueror 220gsm, Oyster ultra-white with NHMFC and BALAI Logo, Full color with dry embossed (for VP -SG (2), VP-CSSG (2), For Marketing Group (9) SLSD (2) use)   | 900.00     | 13,500.00        |
| <b>Grand Total</b>  |                 |   |            | <b>13,500.00</b> |
| Funds Available:<br><br><b>ARMIE S. LACUATA</b> 05/27/2022<br>Signature / Printed Name / Date |                 |   |            |                  |

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| <b>Recommending Approval</b><br><br>RODEL E. LEOCARIO<br>COD, PDMD | <b>Controllership and Budget Division APPROVED</b><br><br><b>MARIA LUISA M. FAVILA</b><br>VP-Securitization Group |
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| Supplier contact details:<br>Tel no.:<br>Fax no.:<br>Cellphone no.:<br>E-mail Address:<br><br>Taxes paid by NHMFC (i.e VAT, etc., if taxes are paid by supplier, do not indicate):<br><br>Check if: Exclusive Distributor or Manufacturer <input type="checkbox"/> <input type="checkbox"/><br>Check if: DTI Registered, only SEC Registered, only Both SEC & DTI Registered <input type="checkbox"/> <input type="checkbox"/> <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).<br>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.<br>Will submit the following requirement upon delivery to facilitate payment of the corresponding bill:<br>1. Original Purchase Order and two (2) copies of the Supplier's Invoice(s) bills Clearance Certificate<br>2. Xerox copy of Certificate of Registration (BIR Form 2303) & Taxpayer<br>3. Xerox copy of Business & Mayor's Permit<br>Mode of Procurement:<br><input type="checkbox"/> *Shopping <input type="checkbox"/> *Small Value <input type="checkbox"/> Public Bidding<br>(*) Submit Item #1 only |
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| (Please see additional requirement(s) at the back hereof) | <b>Signature:</b><br>Printed Name: <b>Supplier/Contractor-Date</b> |
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*Signature of Rodolfo Tallo*  
**RODOLFO TALLO**