



RIS NO: 22-06-231

Requisitioning Group/Dept. General Services Division	<h1>PURCHASE ORDER</h1>	P.O. No. 00002305	Date 7/6/2022
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TO: KRISTAL-AIRE CAR AIRCON SERVICES MAKATI CITY Makati City TIN: 240 122 120 0001	GENTLEMEN/LADIES: Please supply us within _____ days after receipt of this purchase order the item(s) listed below. 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 <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
1	LOT	REPAIR & MAINTENANCE - MOTOR VEHICLE Preventive Maintenance System for Toyota Hi-Ace 2018 Model, Pulldown Front/Rear Evaporator for Repair/Cleaning of Aircon, *Vehicle 1, 2 & 3:-Replacement of 2pcs Expansion Valve, 1pc Filter Drier, 1pc Cabin Filter, Flushing the System, Add Capella Oil and Freon R-134A, (for NHMFC/GSD use)	60,600.00	60,600.00
Grand Total				60,600.00

Funds Available: _____
 Signature: ARMIE S. LACUAYA 07/06/2022
 Financial Specialist
 Signature over Printed Name / Date
 Controllership and Budget Division

Recommending Approval NEPOMUCENO SA. REYES, JR. COD, GSD	APPROVED JEFFREY F. CALIMLIM OIC, AGSD
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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"/> <input type="checkbox"/> 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). 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 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: _____ Printed Name: <u>JANNENE FERNANDEZ</u> Supplier/Contractor-Date <u>7/26/22</u>
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