



RIS NO.: 22-07-261

Requisitioning Group/Dept. Cebu Desk Office	<b>PURCHASE ORDER</b>	P.O. No. 00002317	Date 10/20/2022
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**TO:**  
MANDAUE FOAM INDUSTRIES INC.  
  
LKK Branch, Lapasan Cagayan de Oro City  
  
TIN:

**GENTLEMEN/LADIES:**  
Please supply us within \_\_\_\_\_  
days after receipt of this purchase order the item(s) listed  
below. COD  
Terms of Payment: Within \_\_\_\_\_ days  
after complete delivery and submission of all requirements.

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 &amp; Country of origin or manufacture (if no brand, state none)</small>	Unit Price	Total
4	UNIT	CHAIR, CLERICAL LOW BACK, OFFICE CHAIR	3990.00	15,960.00
1	UNIT	TABLE STUDENT DESK, BLACK	2,275.00	2,275.00
2	UNIT	CABINET, STEEL FILING VERTICAL 4 DRAWERS (for Cebu Division use)	8,750.00	17,500.00
<b>Grand Total</b>				35,735.00
Funds Available: <b>ARMIE S. LACUATA</b> <i>11/07/2022</i> Financial Specialist <small>Signature over Printed Name / Date</small> <small>Controlship and Budget Division</small>				

**Recommending Approval**  
  
RANDYL G. ESPINOSA  
OIC, CEBU DIVISION

**APPROVED**  
  
NOEL R. VALENCIA  
MANAGER, COCMD/RASD

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   
Check if: DTI Registered, only   
SEC Registered, only   
Both SEC & DTI Registered

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:  
 \*Shopping  \*Small Value  Public Bidding  
(\* Submit Item #1 only)

(Please see additional requirement(s) at the back hereof) Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Supplier/Contractor-Date

12-13-22