

## NATIONAL HOME MORTGAGE FINANCE CORPORATION





24/8

TIN: 000-531-803-000

RIS NO.: 22-10-388

Requisitioning Group/Dept. P.O. No. **PURCHASE** Date 00002352 11/2/2022 General Services Divisio **ORDER** TO: **GENTLEMEN/LADIES:** Please supply us within **HEXAGON DISTRIBUTING** days after receipt of this purchase order the item(s) listed CORPORATION below. SGS Foundation Bldg., 1335 G. Araneta COD Terms of Payment: Within days Avenue Quezon City after complete delivery and submission of all requirements. Complete Item Name and Specification Unit of Qty. **Unit Price** Total (i.e. description, size/dimension/volume, model,use of item, color,capacity, etc.) measure Brand Name & Country of origin or manufacture (if no brand, state none) LOT GENERATOR SET 44,000.00 44,000.00 Repair & Maintenance of Generator Set, \* Replacement of: 3 pcs 220 VAC, MK2P ATS Relay, 2 pcs Multi Setting TDEC & TDEN time relay, 2 pcs Transformer Type Indicator Lamp, 1 pc Circuit Breaker auxiliary switch, 1 pc Intelligence timers and relays, \* Run and Testing, \* Installed at Cavite Satellite Office (for NHMFC use) 44,000.00 **Grand Total** Funds Available Financial Specialist Controllership and Budget Division
Signature over printed Name / Date APPROVED Recommending Approval EDMUNDO P. GARAIS FFREY F. CALIMLIM IC. AGSD COD, GSD We declare it to be known and accepted by us that our failure to effect delivery of the Supplier contact details: item(s) covered by this order within the period specified herein shall give the Corporation Tel no.: the right to cancel this order or make an open market purchase of the undelivered item(s) Fax no .: for which we agree to reimburse the Corporation for all payments made by it in excess of Cellphone no.: the unit price quoted herein for the said undelivered item(s). We further declare that failure to deliver item(s) withn the specified delivery period may E-mail Address: 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 Taxes paid by NHMFC (i.e VAT, etc., if taxes are paid by Will submit the following requirement upon delivery to facilitate payment of the corresponding bill: supplier, do not indicate): 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 Check if: **Exclusive Distributor or** Clearance Certificate Manufacturer [ ] 3. Xerox copy of Business & Mayor's Permit [] Check if: DTI Registered, only Mode of Procurement: [ ] \*Shopping [ ] \*Small Value [ ] Public Bidding [] SEC Registered, only 12/04/22 Both SEC & DTI Registered (\*) Submit Item #1 only (Please see additional requirement(s)) Signature:

at the back hereof

**Printed Name:** 

Supplier/Contractor-Date