



2451

RIS NO.: 22-11-473

Requisitioning Group/Dept. Technical Support Division	<b>PURCHASE ORDER</b>	P.O. No. 00002386	Date 12/13/2022
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TO: AVID SALES CORPORATION  Glorietta, Ayala Center Manila City  TIN:	GENTLEMEN/LADIES: 15 WORKING Please supply us within _____ days after receipt of this purchase order the item(s) listed below. 15 DAYS 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 (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	UNIT	VOICE RECORDER with Memory Card 16gb, Built-In 4gb Memory, Microphone, Built-in USB connector for transferring files (for ISTSD use)	7,628.00	7,628.00
<b>Grand Total</b>				<b>7,628.00</b>
		Funds Available: <i>[Signature]</i> 12/23/2022 HELEN E. ALEGADO Accounts Analyst II Signature over printed Name / Date		

<b>Recommending Approval</b>  <i>[Signature]</i> NORA M. ENCINA COD, ISTSD	<b>APPROVED</b>  <i>[Signature]</i> RAJEWEN C. ZABALA MANAGER, CPMISD
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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 [ ] 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 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 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>[Signature]</i> Printed Name: Supplier/Contractor-Date 12-23-22
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