



**NATIONAL HOME MORTGAGE
FINANCE CORPORATION**
TIN: 000-531-803-000



NHMFC



02121922160001585

22-11-461

RIS NO.:

Requisitioning Group/Dept. Human Resource Division	PURCHASE ORDER	P.O. No. 00002388	Date 12/16/2022
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TO: N.S. YAMSUAN MEDICAL DIAGNOSTIC SUPPLIES 2117 LAON LAAN COR. CRISOSTOMO ST. SAMPALOC SAMPALOC MANILA CITY TIN:	GENTLEMEN/LADIES: Please supply us within <u>15 WORKING</u> days after receipt of this purchase order the item(s) listed below. Terms of Payment: Within <u>15 DAYS</u> 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	WHEEL CHAIR Reclining, Heavy Duty	7,700.00	7,700.00
1	SET	OXYGEN TANK 20 lbs (Complete Set) (for NHMFC use)	6,400.00	6,400.00
Grand Total				14,100.00
Funds Available: ARMIE S. LACUATA 12/16/2022 Financial Specialist Signature over printed Name / Date Controllorship and Budget Division				

Recommending Approval GWENDOLYN R. REMORIN CHIEF, HRMD	APPROVED <i>Victor Allan B. Hilao</i> ATTY. VICTOR ALLAN B. HILAO MANAGER, ADMIN AND FINANCE DEPT.
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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 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
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(Please see additional requirement(s) at the back hereof)	Signature: <i>LOVIN SAUNIG</i> Printed Name: Supplier/Contractor-Date
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