PURCHASE ORDER

Supplier	X	NORAMIS CONVENTION CENTER	
Address	:	Marawi City	
Tel./Fax	:	9157412022	
RIV No.	:	069-16	

Purchase Order No. Date Terms of Payment

Mode of Procurement

1 6 - 0 0 7B 22 FEB 2016 . c.o.D. : Local Shopping

Date : Friday, February 12, 2016

Please deliver to this Office within seven(7) working days from receipt hereof the following:

40 packs Heavy Snacks : 150.00 6,000.00 Chicken, sotanghon, Tuna sandwich with drinks. 150.00 6,000.00 XXXXX NOTHING FOLLOWS XXXXXX XXXXX 150.00 6,000.00 XXXXX NOTHING FOLLOWS XXXXXX 150.00 150.00 6,000.00 XXXXX NOTHING FOLLOWS XXXXXX 150.00 150.00 150.00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 <th>QTY</th> <th>UNIT</th> <th>/</th> <th>ITEM DESCRIPTION</th> <th>UNIT PRICE</th> <th>TOTAL AMOUNT</th>	QTY	UNIT	/	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
drinks.	40	packs	Heavy Snacks :			
XXXXX NOTHING FOLLOWS XXXXX			Chicken, sotanghon,	Tuna sandwich with		
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TOTAL 6,000.00					·	6,000.00

Conditions:

- 1. The Agency shall impose penalty in an amount equivalent to 1/10 of one (1) percent of the total value of undelivered order for each day of the delay as liquidated damages;
- 2. Render your bills in triplicate copies including the original;
- 3. If the date of the receipt of the Purchase Order by the supplier is not indicated, it shall be deemed received on the 10th working day from the date of the approval of the Purchase Order; and
- 4. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.

Funds available in the amount of : $P _ (a, 0.00.00)$.	Very truly yours,
SORAYAH M. SHARIEF-TABAO	ALLANODEN A. MACARIMBANG Chief, Management Services Division
Phro-ARMM Gsu RECEIVED Atty. KHALIQUZZAMAN M. MACABA	3hy TO, CPA, CSEE
Regional Vice-Preside	
Received this P.O. Copy on:	Conform:
by: Serve char Leo PISIL Dato/Line: 10-3.06EF. Nat	Sitti Ainah A. Dimaporo

Name & Signature of Supplier/Representative