PURCHASE ORDER Supplier: Purchase Order No. Address : Date Tel./Fax : Terms of Payment RIV No. : Mode of Procurement : Local Shopping

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

March 01, 2016

Date

QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUN
73		1.10	690.00	1.380.00
/2	Pcs.	Marine Plyboard, 1/2	1.100.00	27.500.00 /
/25	Pcs.	Marine Plyboard, 3/4	18.00	540.00
/ 30	Pcs.	Standpaper,#120	65.00	325.00
/5	Pcs.	Stick,1x4x12	65.00	130.00
2	Kilos	Finishing Nails,# 2 1/2	65.00	130.00
2	Kilos	Finishing Nails,# 3	65.00	65.00
71	Kilo	Finishing Nials, #1	100.00	100.00
71	Kilo	Concrete Nails		
715	Pes:	-Cabinet Handles	45.00	675.00
10	Pcs.	Winges, Heavy Duty	45.00	450.00
15	Pcs.	Eatches	8.00	120.00
6	Gallons	Brimer Liquid Tile	740.00	4,440.00
	Gallons	Gloss Liquid Tile	890.00	5,340.00 /
3	Gallons	Cast	480.00	1,440.00
1	Gallon	Easy Tite, Body Peeler	520.00	520.00
4	Gallons	Reducer	440.00	1,760.00
	Ganons	XXXXXXXXXNOTHING FOLLOWS XXXXXXXXXXXXXXXX	***************************************	
		page 1 of 2		
		17.5		
	44,915.00			

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Conditions:					
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;					
If the date of the receipt of the Purchase Order by the sup working day from the date of the approval of the Purchase Order					
4. For imported items, IMPORTATION DOCUMENTS specific					
purchased, and tax receipts, should be submitted by the supp					
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Funds available in the amount of : P 44,915.00					
Funds available in the amount of: P 44, 915.00	Very truly yours,				
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Jaky III	ALLANODEN A. MACARIMBANG				
SORAYAH M. SHARIEF-TABAO	Chief, Management Services Division				
FISCAL CONTROLLER IV Head, Fund Management Section	11.				
reds, rand management section	4810				
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Date/ling: W/ / Atty. KHALQUZZAMAN	M. MACABATO, CPA, CSEE				
The state of the s					
Regional	Vice-President				
Received this P.O. Copy on:	Conform:				
by:	OOMOTH.				
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	Name & Signature of Supplier/Representati				
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