PURCHASE ORDER

Supplier	: BEI	ROVAN M.	ARKETING INC.	Purchase Order No. : +156-1+-	
Address	: Iligan City			Date : 81-MIT	
Tel/Fax				Terms of Payment .	
PR No.	: BLMO-014-17 Mode of P			Mode of Procuremen: NP/SVP	
Date	: 1/23	3/2017			
Please deli	ver to this	Office with	in seven (7) working days from receipt hereof the following:		
NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE TOTAL AMOUNT	
1	1	unit	STETHOSCOPE 28 inches with extra earpiece cover with	475.00 475.00	
			manual and box.		
	- 46		xxxxxxxx nthing follows xxxxxxxxxxxx		
			Brand: (ALPK 2)		
	100000000000000000000000000000000000000				
	-				
	-				
			TOTAL	475.00	
			TOTAL		
2. Render 3. If the date of the 4. For im tax receip	gency shal as liquidater your bills date of the e approval aported iter ts, should	ed damages s in triplicat receipt of t of the Purc ms, IMPOR	e copies including the original. he Purchase Order by the dealer is not indicated, it shall be deemed hase Order. CTATION DOCUMENTS specifically showing the condition, seried by the supplier	d received on the 10th working day from that numbers of the equipment purchased, an	
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	CODAY	T T	ADIE TARAO / /	ALLANODEN A. MACARIMBAN	
DE 18x	Head,	Fund Mana	gement Section 49/12	Chief, Management Services Division	
Con					
			Approved:		
			Atty. KHALIQUZZAMAN M. MACABATO, Regional Vice-President	<u>CPA, CSEE</u> 7/18/17	
0 1/18/1/					
Received this P.O. Copy on: Conform:					
Received this P.O. Copy on: by: Name and Signature of					
				Name and Signature of Supplier/Representative	
				24-9799	