Supplier	: CR	OWN PAP	ER AND STATIONER	Purchase Order No.	Purchase Order No. : W+1+th	
Address	: Ilig	an City		Date	10-2-2017	
Tel/Fax	*			Terms of Payment	/	
PR No.	: TLI	TLHIO-26-2017,B-041-17 Mode of Procuremen: NP/SVP				
Date	: 1/2:	1/23/2017,1/16/2017				
Please del	iver to this	Office with	in seven (7) working days from receipt hereof the follow	ing:		
NO.	QTY.	UNIT	ITEM DESCRIPTION		TOTAL AMOUNT	
1	4	unit	SOFA SET, Single sofa	14,500.00	58,000.00	
			xxxxxxxxxxx nothing follows xxxxxxxxxxxxx			
					1817	
				01/4		
			TOTAL		58,000.00	
the delay at 2. Render 3. If the codate of the 4. For impact tax receipts	gency shall as liquidate r your bills date of the e approval of ported iten ts, should b	d damages in triplicate receipt of the of the Purch as, IMPOR	e copies including the original. TATION DOCUMENTS specifically showing the conditions the supplier	be deemed received on the 10th w	orking day from the	
Funds av	ailable in t	he amoun	of:	Very truly yours,		
		A		James	men	
W			RIEF-TABAO	ALLANODEN A. MACARINBANG Thief, Management Services Division		
~1	Head, F	und Maria	ement Section 41018	Whiet, Managemen	it Services Division	
		IT	Approved:			
alah		1				
alish			Atty. KHALIQUZZAMAN M. MACA Regional Vice-Preside			
			regional vice-resid	^ -		
Received	this P.O. C			Conform:	X /	
		by:			V	
				Name and	Signature of	