Purchase Order No. : CROWN PAPER AND STATIONER Supplier Date Iligan City Address Terms of Payment Tel/Fax NP/SVP Mode of Procuremen: TLHIO-25-2017,068-17,E-056-17,B-043,033-17 PR No. 1/23/-8/8-8/1,1/16/-3/27/2017

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

ase deli			ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
NO.	QTY.	UNIT	STORAGE CABINET with four (4) adjustable shelves	10,500.00	94,500.00
1	9	unit	with stiffeners, made of gauge No.20 cold rolled steel sheets		
			powder coated color light gray finish swing out doors contro-		
			lled by handle connected to a bar locking mechanism-		
		+1	minimum dimension: 72 inches.		A 100 100 100 100 100 100 100 100 100 10
			xxxxxxxxxxx nothing follows xxxxxxxxxxxx		
			XXXXXXXXXXXX HOURING TOTO NO TOTO		
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			TOTAL		94,500.

Date

Conditions:  The Agency shall impose penalty in an amou	ant equivalent to 1/10 of one (1) per	rcent of the total value of undel	ivered order for each day of
the delay as liquidated damages.  Render your bills in triplicate copies including.  If the date of the receipt of the Purchase Ord	The same of the sa		
late of the approval of the Purchase Order.  For imported items, IMPORTATION DOCU  ax receipts, should be submitted by the supplier	UMENTS specifically showing the	condition, serial numbers of th	e equipment purchased, and
	,500.00	Very truly yours,	neumen
SORAYAH M. SHAW F-TABAG Head, Fund Management Section	Tolvo	ALVANO Chief, Ma	DDEN A. MACARYMBAN inagement Services Division
Approve	//		
	Atty. MALIQUZZAMANM.  Regional Vice	0	<u> </u>
		Conform:	

Received this P.O. Copy on: Name and Signature of