upplier	: CR	OWN PAPE	ER & STATIONER	Put	7	
ddress	: ILIGAN CITY				nte	: 15-Nov-17
el/Fax	:				rms of Payment	
R No.	: E13	0-17		Mo	ode of Procuremen	LOCAL SHOPPING
ate	: 8/1	7/2017				
		0.00	hin seven (7) working cays from receipt hereof the	following:		
				tonoming.	UNIT PRICE	TOTAL AMOUNT
NO.	QTY.	UNIT	TEM DESCRIPTION	(0/0)	20.00	640.00
	32	pads	Stck note 2x2	Med Supplies	75.00	3,000.00
	40	btls	Rubbing Alcohol, 500ml 70%, Casino	men supply es	75.00	
			XXXXXNOTHING FOELOW SAXAAAAA			
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	+		a comment of the comm		0 1	
	1				6 n/4	
_			TOTAL			3,640.0
the delay 2. Rende 3. If the date of the 4. For intax receip Funds av	gency sha as liquidat or your bill date of the e approval apported ite ots, should vailable in	ted damage in triplica receipt of of the Pur ms, IMPO be submitt the amou	renalty in an amount equivalent to 1/10 of one (1) es. Intercopies including the original of the Purchase Order by the dealer is not indicated, chase Order. RTATION DOCUMENTS specifically showing the by the supplier of t	it shall be deemed reco	eived on the 10th mbers of the equip	working day from
OPP.			Approved: Atty, KHA IOI XZAMAN M Regional Vic	MACABATO CPA	, CSEE	
teceived	this P.O.	Copy on:		Confor	m:	N

Name and Signature of