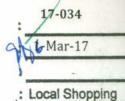
PUF	CHA	SE O	RDER
n			

Supplie	COPYLANDIA OFFICE SYSTEM CORP
Address	ILIGAN CITY
Tel./Fax	
RIV No.	072-17
Date	Tuesday, January 31, 2017

Purchase Order No. Date Terms of Payment Mode of Procurement

Name & Signature of Supplier/Representati



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

QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
8	ca	NK FOR RISOGRAPH INK RZ BLACK HD, FOR PRINTING	1,600.00	12,800.00
/		MACHINE DUPLICATOR MODEL: RISOGRAPH RZ-970		12,000,000
8	ca	TONER/DEVELOPER TN 113	2,900.00	23,200.00
		xxxxxNOTHING FOLLOWSxxxxxx	4	
-	8. j			
				· · · · · · · · · · · · · · · · · · ·
		PRO-ARMINE phrollership Unit RECEIVED BY: Datertime: 71/0, RFF, No.: 0777		· · · · ·
			-	36,000.00
ondition	9	TOTAL		90,000.00

Conditions:

1. 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;
- 3. If the date of the receipt of the Purchase Order by the supplier is not indicated, it shall be deemed received on the 10th working day from the date of the approval of the Purchase Order; and
- 4. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.

Funds available in the amount of : $P = \frac{36}{0}$	Very truly yours,	menno / 3/10
SORAYAHAN SHARIEF-TABAO	+ 3/13 Chief, Mar	DEN A. MACARIMBANG nagement Services Division
Head, Fund Management Section	1 Francisky	
ATER: -3/0/17 BU SH	KHALIQUZZAMAN M. MACABATO, CPA, CSEE Regional Vice-President	111
Received this P.O. Copy on:	Conform:	local