Supplier Address Tel./Fax RIV No. Date	: ILIGAN CITY : PR# 123-17 : 3/14/2017		Date Terms of	Terms of Payment Mode of Procurement	
QTY	UNIT	ver to this Office within seven(7) working days from receipt hereof the following: UNIT ITEM DESCRIPTION		UNIT PRICE TOTAL AMOUNT	
7		Total Planta I Total		OMIT PRIOR	TOTAL AMOUNT
2/	PC	TARPAULIN 4X II		1,240.00	2,480.00
		xxxxxx nothing follows xxxxxxxxxxxxx		1	
		(WOMEN'S MONTH)		1	
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		TOTAL			2,480.00
Condition	s:	TOTAL		-	
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Received t	his P.O. Cop		Conform:	du-	e
		by:	molai	ma Or	region
			Nome	Signature of Sun	plier/Representative
			Prame & 3	or Sup	phonicapicaentative

PURCHASE ORDER