Supplier	: ROI	SINSONS S	SUPERMARKET CORP.	Purchase Order No. :		
Address	: Iliga	n City		Date :		
Tel/Fax	:			Terms of Payment :		
PR No.	: E-29	99-17		Mode of Procuremen: NP/SVP		
Date	: 12/8	3/2017				
Dlease del	iver to this	Office with	in seven (7) working days from receipt hereof the following:			
			ITEM DESCRIPTION	UNIT PRICE IT	OTAL AMOUNT	
NO.	QTY.	UNIT	GIFT CERTIFICATE	1,000.00	107,000.00	
1	107	PCS	XXXXXX NOTHING FOLLOWS XXXXXXXXXX			
	-		NON-TAXABLE CLEARING FOR 3 DAYS			
			Not the base of the same of th			
$\overline{}$						
	+					
	+					
			TOTAL		107,000.00	
2. Rende 3. If the date of th 4. For ir tax receip	Agency shall as liquidate or your bills date of the ne approval mported itempts, should vailable in	ed damages in triplicate receipt of the Purcoms, IMPOI be submitted the amount AH M. SH	the copies including the original. The Purchase Order by the dealer is not indicated, it shall be deed thase Order.  RTATION DOCUMENTS specifically showing the condition, set by the supplier	med received on the 10th we erial numbers of the equipartury yours,	orking day from the	
Y	majalid		Atty. KMALIOUZZAMAN M. MACABAT Regional Vice-Presiden	O, CPA, CSEE  Conform:		
Received	d this P.O.	Copy on: _ by:		X	S. LUCALAKAY	
		0,1			d Signature of	
				Supplier/l	Representative	