Cell Phone No. 09285071910; Fax No. 09209372263

PURCHASE ORDER

Supplier : ILIGAN D	PATAVISION SALES CENTER	Purchase Order No. :	118-07
Address : Iligan C	ity	Date :	2 7 APR 2018
Tel/Fax :		Terms of Payment :	21 7111 2011
PR No. : 101-18		Mode of Procuremen:	LOCAL SHOPPING
Date : 1/18/201	8		
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Please deliver to this Office within seven (7) working days from receipt hereof the following:

NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUN
1	15	cart	PONER HP LASERJET CP 151500, CB540A, Black	4,665.00	23,325.00
2	15	cart	TONER HP LASERJET CP 151500,CB540A, Cyan	4,295.00	21,475.00
3	75	cart	TONER HP LASERJET CP 1515/500,CB540A,Magenta	4,295.00	21,475.00
4	8	cart	TONER HP LASERJET CP 1515/500,CB540A,Yellow	4,295.00	21,475.00
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			TOTAL		87,750.00

Conditions:

1. The Agency shall impose penalty in an amount equivalent to 1/10 of o	ne (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 dealer is not indi	icated, it shall be deemed received on the 10th working day from the
date of the approval of the Purchase Order.	
4. For imported items, IMPORTATION DOCUMENTS specifically show	wing the condition, serial numbers of the equipment purchased, and
tax receipts, should be submitted by the supplier	
Funds available in the amount of: 87,750.00	Very truly yours, 8 - 0 5 - 0 2 0 0
Π_{ℓ}	Amman
SORAYAH M. SHARIEF-TABAO	ALLANODEN A. MACARIMBANG
Head, Fund Management Section	Chief, Management Services Division
ADA	200
Approved:	111
12/14 / Max max	Wax O
Atty. KHALIQUZZAM	AN M. MACABATO, CPA, CSEE
Region	nal Vice-President
	1
Received this P.O. Copy on:	Conform:
by:	51/2
	$P(\cdot, \cdot, \cdot, \cdot, \cdot)$

Name and Signature of Supplier/Representative