					M 8 - n 8 8	
Supplier	: _ CR	OWN PAP	ER AND STATIONER	Purchase Order No :		
Address	: Ilig	gan City		Date :2 5 MAY 2018		
Tel/Fax	:	/		Terms of Payment		
PR No.	: . 157	18	Land Hard Control of the Control of	Mode of Procuremen	LOCAL SHOPPING	
Date	: 2/1	/2018				
Please del	iver to this	Office with	in seven (7) working days from receipt hereof the following	g:		
NO.	QTY/	UNIT	ITEM DESCRIPTION		TOTAL AMOUNT	
1	3	pcs	TRASH BIN WITH COVER	120.00	360.00	
201	/		xxxxxxxx nothing follows xxxxxxx		, , , ,	
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7	Se on In	74.373				
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			Sea Control of the Co			
			White the same of			
			TOTAL		360.00	
Conditions			101112		300.00	
the delay as 2. Render 3. If the da date of the 4. For imp	s liquidate your bills a ate of the rapproval of ported items, should be	d damages. in triplicate receipt of the of the Purch as, IMPORT	CATION DOCUMENTS specifically showing the condition by the supplier	deemed received on the 10th wo	orking day from the	
1-Sugar		by		D	1	
	Head, F			Chief, Management  ATO, CPA, CSEE	MACARIMBANG Services Division	
			V Regional Vice-President	W		
Received th	nis P.O. Co			Conform:		
		by:				

Name and Signature of Supplier/Representative