PURCHASE ORDER

Supplier Address Tel/Fax PR No.	: Iligan City			Purchase Order No. Date Terms of Payment Mode of Procuremen	
Date	: 6/1/	2018	in seven (7) working days from receipt hereof the following:		
NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	рс	TARPAULIN 8X5 ALAGA KA	1,000.00	1,000.00
71.0	1199		xxxxxx nothing follows xxxxxxxxxx		
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		N. Pilipia			
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			TOTAL		1,000.00
the delay a 2. Render 3. If the date of the 4. For im tax receip	gency shall as liquidate r your bills date of the e approval apported item ts, should be railable in the	ed damages. in triplicate receipt of the of the Purch ns, IMPOR be submitted the amount	TATION DOCUMENTS specifically showing the condition, so by the supplier	med received on the 10th verial numbers of the equiporal ruly yours, ALLANODEN A Chief, Management	working day from the
Received	this P.O. C	Copy on: by: _		Conform: Name an	d Signature of Representative