PURCHASE ORDER

Supplier	:	BEROVAN MARKETING,INC.	<u> </u>
Address	:	Iligan City	0
Tel/Fax	:		<u> </u>
PR No.	: .	148-18	
Date	:	1/21/2018	

Purchase Order No.

Date Terms of Payment

Mode of Procuremen: NP/SVP

18-09-0248

Please deliver to this Office within seven (7) working days from receipt hereof the following:

			in seven (7) working days from receipt hereof the following. ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUN
NO.	QTY,	UNIT	SURGICAL MASK, Medical supplies	125.00	125.00
1	X	box	SURGICAL MASK, Medical supplies		
	/		xxxxxxxxxxx nothing follows xxxxxxxxxxxx		
-					
6					
			A Bassas of L		
			363 13		
	91.11				
_	1 2 2 2	13.1			
-	1				
		THE STATE OF	d d		
			2		
		148	8		
	100		5		
					12
			Cumb.	re Barship Unit	
				1.152	
	<u> </u>	-	7.3	9 DER: 4/19	
		-	Received by	Assert As	
			TOTAL		125

1. The Agency shall impose penalty in an amount equivalent to 1/10 of one (1) percent of the total value of undelivered order for each day of the delay as liquidated damages.

 Render your bills in triplicate copies including the original. If the date of the receipt of the Purchase Order by the dealer is not indicated the copies. 	cated, it shall be deemed received on the 10th working day from the
date of the approval of the Purchase Order.For imported items, IMPORTATION DOCUMENTS specifically shown.	wing the condition, serial numbers of the equipment purchased, and
tax receipts, should be submitted by the supplier	
Funds available in the amount of:	Very truly yours,
Sorayah M. SHARIEF-TABAO	ALLANODEN A. MACARIMBANG Chief, Management Services Division
Head, Fund Management Section Approved:	13
Atty. KHANIOUZZAM	IANM. MACABATO, CPA-CSEE
	Conform:
Received this P.O. Copy on:	Detale b. Ancelog