ipplier		KIM GUAN	Date : 4-Oct-18	_
dress	:	ILIGAN CITY	Terms of Payment :	-
I/Fax	:		Mode of Procuremen: local shopping	_
No.	:	453-18		
ate	:	7/16/2018		
		(7) working days from receipt hereof the following:		*****

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

200.00	UNIT PRICE TOT	in seven (7) working days from receipt nereof the following. ITEM DESCRIPTION			ise dell
900.00	225.00	TIEM DESCRIPTION	Y. UNIT	QTY.	NO.
80.00	20.00	STAPLER With remover, HD no.35, JOY		/ 4	1
60.00	15.00	TAPE PACKAGING, Size: 2		/4	2
60.00	15.00	THE TRANSPARENT Size: 1	-	14	3
		STAMP PAD FELT 60 MM x 100 MM, metal case		/4	4
		XXXXXNOTHING FOLLOWSXXXXXXXXX		1	4
				-	
					14
			N.	P	_
				+	-
			1 30		
The Control				_	
					1-
				-	_
				-	
				-	
1,100.					
		TOTAL			

Con	d	iti	0	n	S	

	3.00								-
								1,100.0	00
				TOTA	L				V.
2. Rende 3. If the date of th 4. For in tax receip	as liquidat r your bills date of the ne approval inported its pts, should vailable in	s in triplicate receipt of the of the Purceus, IMPOR be submitted the amount	copies including ne Purchase Orden nase Order. TATION DOCU d by the supplier	g the original. er by the dealer is JMENTS specific	anot indicated, it showing the	hall be deemed recondition, serial Very truly y MACABATO, C -President	numbers of yours, All Lar	the 10th working day from the equipment purchased, and the equipment purchased, and the equipment purchased, and the equipment services Division of the equipment Division of the equipment Services Division of the equipment Ser	and ANG
Receiv	ed this P.C). Copy on:				Co	morn.	mah m 1 /22	
ROSSIV		by						Name and Signature of	
								Supplier/Representative	