Supplier : CROWN PAPER & STATIONER  Address : ILIGAN CITY  Tel/Fax :  PR No. : 574A-18  Date : 9/17/2018	Purchase Order No. :  Date :  Terms of Payment :  Mode of Procuremen:	18-55 04-22, 2018 local shopping
Please deliver to this Office within seven (7) working days from receipt hereof the following:  ITEM DESCRIPTION		FOTAL AMOUNT
NO. QTY. UNIT	6.50	520.00

50 4011			ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
NO.	QTY.	UNIT	TEM DESCRIPTION	6.50	520.00
1	80 /	PCS	BALLPOINT PEN, Fine point, black, UNI	6.50	520.00
2	80 /	PCS	BALLPOINT PEN, Fine point, blue, UNI	25.00	75.00
3	3	PAD	STICK-ON NOTE PAD; 50mm x 76mm (3x3), 70 gsm (min),	125.00	
3	-	1.12	100 sheets per pad, assorted colors		
			xxxxxNOTHING FOLLOWSxxxxxxxxxx		
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			TOTAL	223	1,115

- 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.
- 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 indicated, it shall be deemed received on the 10th working day from the
- RTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and date of the approval of the Purchase Order.

4. For imported items, IMPORTATION DOCUMENTS specifically showing the second and the state of th	ondition, series		
tax receipts, should be submitted by the supplier	Very truly yours,		
Funds available in the amount of:		j. Minucuruning 12/7	

SORAYAH M. SHARIEF-TABAO

Head, Fund Management Section

Chief, Management Services Division

Approved:

ACABATO, CPA. C

Regional Vice-President

Received this P.O. Copy on:

Conform:

Name and Signature of

Cumplier/Representat

Supplier	: CROWN PAPER & STATIONER	Purchase Order No. : Date :	18-950 Od. 22, 2018
Address	: ILIGAN CITY	Terms of Payment :	
Tel/Fax	<u> </u>	Mode of Procuremen:	local shopping
PR No.	: <u>574A-18</u>		
Date	9/17/2018		
	liver to this Office within seven (7) working days from receipt hereof the following:		
Please de	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
NO.	QTY. UNIT TEM DESCRIPTION	6.50	520.00

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3	3	PAD	STICK-ON NOTE PAD; 50mm x 76mm (3x3), 70 gsm (min),	123.00	
3	-	1112	100 sheets per pad, assorted colors	-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			xxxxxNOTHING FOLLOWSxxxxxxxxxx		
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			TOTAL		1,115.

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4. For imported items, IMPORTATION DOCUMENTS specifically show	ving the condition, serial indiffects of the equipment
tax receipts, should be submitted by the supplier	Very truly yours,
Funds available in the amount of:	ALLANODEN A. MACARIMBAN
	ALLANODEN A. MACARIMBAN

Head, Fund Management Section

ALLANODEN A. MACARIMBANG Chief, Management Services Division

Approved:

ACABATO, CPA, C

Regional Vice-President

Received this P.O. Copy on:

Conform:

Name and Signature of Cumpliar/Representat