## PURCHASE ORDER

applier: ROBINSONS HANDYMAN  ddress: Iligan City  Terms of Payment:  Mode of Procuremen: NPJSVP  Please deliver to this Office within seven (7) working days from receipt hereof the following:  NO. QTAN UNIT TEM DESCRIPTION UNIT PRICE FOTAL AMO  1 Y unit EMERGENCY LIGHT (IB209) 1,380.00 2,76  XXXXXXX NOTHING FOLLOWS XXXXX   XXXXXX NOTHING FOLLOWS XXXXX   UNIT PRICE FOTAL AMO  AND	Terms of Payment :  Mode of Procuremen: NP/SVP  Tom receipt hereof the following:  EM DESCRIPTION  UNIT PRICE TOTAL AMOUNT  1,380.00 2,760.00
Mode of Procuremen: NP/SVP  No. : 050-18  te : 1/18/2018  ease deliver to this Office within seven (7) working days from receipt hereof the following:  NO. QTY UNIT ITEM DESCRIPTION  NO. QTY UNIT FMERGENCY LIGHT (IB209)  1,380.00 2,76	Mode of Procuremen: NP/SVP  rom receipt hereof the following:  EM DESCRIPTION  IT (IB209)  UNIT PRICE FOTAL AMOUNT 1,380.00 2,760.00
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NO. QTXA UNIT ITEM DESCRIPTION UNIT PRICE TO TAC AND 1,380.00 2,76	EM DESCRIPTION UNIT PRICE TO TABLE AND ENTER (IB209) 1,380.00 2,760.00
NO. Q143 UNIT 1,380.00 2,76	IT (IB209) 1,380.00 2,760.00
TY UNIT EMPLOYER TO THE TOTAL OF THE TOTAL O	G FOLLOWS XXXXX
TOTAL 2	2,760.
TOTAL  Conditions:  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 state of the total va	OTAL

Name and Signature of