PURCHASE ORDER

ress : /Fax : No. :	/			Date :	0 000 2010
/Fax :	mgan Cit	ZAMMI SHIRTS AND PRINTS Iligan City			2 DEC 2018
		,		Terms of Payment :	
	122-18			Mode of Procuremen:	NP/SVP
te :					
ease deliver t	to this Offic	e within	seven (7) working days from receipt hereof the following:	UNIT PRICE I	OTAL AMOUN
NO. Q	TY. U	NIT	ITEM DESCRIPTION	200.00	2,800.00
1	Name and Address of the Owner, where the Party of the Owner, where the Party of the Owner, where the Owner, which is the Owner, where the Owner, which is the Own	CS 1	PLANNER Health Care (Leather cover, providers 8.5 inches-	200.00	2,000.0
			x 6.25inches 200 pages with 13 full color inserts)		
			XXXXXX NOTHING FOLLOWS XXXXXXXX		
2 -					
4					
					-1.22
			*		
			THE RESIDENCE OF THE SECOND SE		
					2.000
			TOTAL		2,800
the delay as 2. Render y 3. If the dat date of the a 4. For impo tax receipts, Funds avai	liquidated do your bills in te of the rec approval of to orted items, , should be sillable in the SORAYAH	damages triplicate seipt of the Purce, IMPOF submitte e amour	he Purchase Order by the dealer is not indicated, it shall be deemed hase Order. RTATION DOCUMENTS specifically showing the condition, serially the supplier	received on the 10th	working day from purchased
			Approved:		

Name and Signature of Supplier/Representative