Supplier Address Tel/Fax PR No. Date Please deli	: Iliga : 127- : 2/21	19 /2019		Purchase Order No. : Date : Terms of Payment : Mode of Procuremen:	19-028 7-5-2019 NP/SVP
NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE T	OTAL AMOUN
1	150	pcs	Pencil Case XXXXXXX NOTHING FOLLOWS XXXX Signature Date 3/11/19	35.00	5,250.00

TOTAL Conditions: 1. The Agency shall impose penalty in an amount equivalent to 1/10 of one (1) percent 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		
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date of the approval of the Purchase Order. 4. For imported items, IMPORTATION DOCUMENTS specifically showing the conditax receipts, should be submitted by the supplier	ition, serial numbers of the	equipment purchased, and
Funds available in the amount of:	Very truly yours,	0 ()
ASLINAH D ASHARY, CPA OIC, Fund Management Section	· Chief, Mana	DEN A. MACARIMBANG agement Services Division
Approved: DR. SAINUDDIN M. Acting Regional. Vice President	MOTI	
Received this P.O. Copy on:by:	Conform:	me and Signature of

Supplier/Representative