PURCHASE ORDER

Supplier	: TR	AIL OF GA	ARMENTS MANUFACTURER	Purchase Order No.	: 19-038
Address	: Iliga	an City		Date	
7 el/Fax	:			Terms of Payment	:
PR No.	: 076			Mode of Procuremen	: NP/SVP
Date	: 2/20	0/2019			
	ver to this	Office with	in seven (7) working days from receipt hereof the following	lowing:	
NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMO
1	17 7	pcs	P-AIMS PHILHEALTH T-SHIRTS	350.00	4,500.
	/		XXXXXXX NOTHING FOLLOWS XXXX		
-					
	S 1 1 10				
and the same	Ph. Co.	-9			
					-
	7 8				
			TOTAL		4.57
Conditions:					4,33
Render y If the dat ate of the a For impo ax receipts,	our bills in e of the rec pproval of orted items, should be	triplicate of the the Purcha, IMPORT, submitted I	ATION DOCUMENTS specifically showing the concept the supplier	l be deemed received on the 10th wo	rking day fro
unds avail	adie in the	amount	i:	Very truly yours,	
		11		Jons	0 1
j			ARY, CPA	ALLANODEN A. M	MACARIMB
4	OIC, Fund	d Managen	nent Section W	Chief, Management	Services Divis
		- 1	Approved:	000	7
			Dr. Sainwaldin M. Acting Regional Vice-President	Moti Cho dent	
eceived this	P.O. Copy	y on:	V	Conform:	1
		by:		C/m	N
				sauy Mu	NPEJAR