| Supplier | : | ĶIM GUAN | Purchase Order No. : | 19-060 |
|----------|---|-------------|----------------------|----------|
| Address | : | Iligan City | Date : | 4-4-2019 |
| Tel/Fax | : | | Terms of Payment : | . , |
| PR No. | : | 040-19 | Mode of Procurement: | NP/SVP |
| Date | : | 1/25/2019 | | |

Please deliver to this Office within seven (7) working days from receipt hereof the following:

| NO. | QTY. | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUN |
|-----|------|------|-----------------------------------------|------------|-------------|
| 1 | 1/ | box | FOLDER PRESSBOARD, PLAIN FOR LEGAL SIZE | 395.00 | 395.00 |
| | | | PAPER/DOCUMENT 100pcs/box | | |
| 2 | 4/ | pcs | MØIST PAD | 45.00 | 180.00 |
| 3 | 12/ | roll | TAPE TRANSPARENT size '1 | 15.00 | 180.00 |
| 4 | 1/ | box | CARBON PAPER,polytheline,long 100/box | 495.00 | 495.00 |
| | | | XXXXXXX NOTHING FOLLOWS XXXXXXXX | | , |
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| | | | TOTAL | | 1,250.00 |

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 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

| date of the approval of the Purchase Order. | and the second s | | |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 4. For imported items, IMPORTATION DOCUMENTS specifically sh | lowing the condition, serial numbers of the equipment purchased, and | | |
| tax receipts, should be submitted by the supplier | 5 | | |
| (1250 - | | | |
| Funds available in the amount of: | Very truly yours, | | |
| | Forsemont 9 | | |
| ASLINAH D. ASHARY | ALLANODEN A. MACARIMBANG | | |
| Head, Fund Management Section | Cylief, Management Services Division | | |
| Approved: | | | |
| / | NUDDIN M. MOTE gional Vice-President | | |
| Received this P.O. Copy on: | Conform: | | |
| by: | | | |
| | X-~ | | |
| | Name and Signature of | | |
| | Supplier/Representative | | |