| Supplier Address Tel/Fax PR No. Date | : SA : 19 : 3/4 | 3-19 26/2019 | N,LDS within seven (7) working days from receipt hereof the following | Date Terms of Payment Mode of Procurement | Terms of Payment : Mode of Procurement : NP/SVP | | |
|--|-----------------------|-----------------|--|---|---|--|--|
| NO. | QTY. | UNIT | ITEM DESCRIPTION | | TOTAL AMOUNT | | |
| 1 | 1 | PC | TARPAULIN (5 x 15ft.) Kabnar Ruka a BIR | 1,200.00 | 1,200.00 | | |
| 1 | | 10 | XXXXXX NOTHING FOLLOWS XXXXXX | | | | |
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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.

TOTAL

1,200,00

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 state of t |
|---|--|
| 4. For imported items, IMPORTATION DOCUMENTS specific | cally showing the condition, serial numbers of the equipment purchased, and |
| trx receipts, should be submitted by the supplier | |
| @1241 | |
| Funds available in the amount of: | . Very truly yours, |
| 9/ | Formannes # |
| ASLINAH D/ASHARY W | ALLANODEN A. MACARIMBANG |
| Head, Fund Management Section | Chief, Management Services Division |
| Treat, I tild Francisco | |
| Approved: | / Lynn Dolle - |
| n | or. SALVUDDIN M. MOTI |
| | ting Regional Vice-President |
| Received this P.O. Copy on: | Conform: |
| by: | |
| | Name and Signature of |
| | Supplier/Representative |