Supplier	:	KIM GUAN	Purchase Order No. :	19-bles
Address	:	ILIGAN CITY	Date :	45/200
Tel/Fax	:		Terms of Payment :	111
PR No.	:	112-19	Mode of Procurement:	NP/SVP
Date	:	2/21/2019		
Please del	iver	to this Office within seven (7) working days from receipt hereof the following:		

NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUN
1	15/	pads	POST-IT FLAG, Small sign here	37.50	562.50
	/ -		XXXXX NOTHING FOLLOWS XXXXX		
	1				
	-				
	+				
	+-+				
	+				
	+ +				
	+				
	+				
					فيسلم ساء
	+ +				

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.

562.50

TOTAL

- 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.	the first materials, it shall be decired received on the Total working day from the
4. For imported items, IMPORTATION DOCUMENTS s	pecifically showing the condition, serial numbers of the equipment purchased, and
tax receipts, should be submitted by the supplier	
I unds available in the amount of:	Very truly yours,
ASLINAH D. ASHARY Head, Fund Management Section Approved:	ALLANODEN A. MACARIMBANG Chief, Management Services Division Dr. SAINUDPIN M. MOTI Acting Regional Vice-President
Received this P.O. Copy on:	Conform:
by:	· /m
	Name and Signature of Supplier/Representative