PURCHASE ORDER

Supplier	: II	IGAN DA	TAVISION SALES CENTER	Purch	nase Order No. :	19-076
Address	7	: Iligan City				4 10 2079
Tel/Fax				Terms of Payment :		
FR No.	: 0			Mode	e of Procurement :	NP/SVP
Date	: 2	/11/2019				
Please de	liver to the	his Office v	within seven (7) working days from receipt hereof the following	ng:		
NO.	QTY.	UNIT	ITEM DESCRIPTION		UNIT PRICE T	
1	4/	unit	CHAIR w/o armrest 4 legged stackable		1,375.00	5,500.00
			XXXXX NOTHING FOLLOWS XXXXXXXXX		- /	
		4				
		-				
	_					
	+					
	_					
	-					
	-					
	44					
	_					
	+					
	-					
			TO THE L			5,500.00
			TOTAL			3,300.00
2. Rende 3. If the date of th 4. For in tax receip	as liquider your bedate of the approvement of the approvement of the pts, should be approved the approvement of the approvement	dated dama ills in tripli he receipt oval of the P items, IMP	icate copies including the original. of the Purchase Order by the dealer is not indicated, it shall be turchase Order. ORTATION DOCUMENTS specifically showing the conditinitted by the supplier	e deemed recei	ived on the 10th wo	orking day from th
runds a	valiable	in the amo	ver	y duly yours,	1),,
		64			Jonnes	month !
			D. ASHARY		LLANODEN A. N	
		, Fund Man	nagement Section	1	thief, Management	Services Division
of Gentler	P.	,	Approved:			
St. Jon.			Dr. SAINUDDIN M. MO Acting Regional Vice-President			
				0.5		0
Received	d this P.C	O. Copy on		Conform:	56	1 /
		by:			Blosal	2 Ordino
						Signature of
					Supplier/Re	epresentative