PURCHASE ORDER

Supplier Address	:	KIM GUAN ILIGAN CITY	Purchase Order No. : Date : Terms of Payment :	19/040	
Tel/Fax	:		Mode of Procurement:	NP/SVP	
PR No.	:	054-19	Wode of From		
Date	:	1/29/2019			

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

			ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
NO.	QTY.	UNIT		30.00	150.00
2	5/	box	FASTENER, metal & plastic combination, 2pc clip 70mm		
			50 set/box, Legal	22.50	450.00
3	20	pcs	SIGN PEN, black liquid gel, ink 0.5mm needle tip		210.00
4	6/	jar	GLUE All purpose in jar with applicator	35.00	1,250.00
5	10/	pcs	STAPLER With remover HD No. 35	125,00	250.00
	1 /	/	WALL CLOCK	250.00	
6	/	pc	PASTE Roll	9.50	95.00
7	10/	pcs	- /	37.50	375.00
8	10	pads	POST-IT Flag	30.00	600.0
10	20/	pads	STICK ON Notepad 3 x4 76mm x 100mm 3x4		
			XXXXXX NOTHING FOLLOWS XXXXXXX		
	-				
	7.	1	TOTAL		3,380.0

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	n triplicate copies in	cluding the original.	r is not indicated it	shall be deemed received	on the 10th working day from	m the
3. If the date of the re	ceipt of the Purchas	e Order by the deale	I is not indicated, it	Situati of account		
date of the approval of	f the Purchase Orders, IMPORTATION	·. DOCUMENTS spec	eifically showing the	condition, serial numbers	s of the equipment purchased	d, and
tax receipts, should be	e submitted by the su	10 3,380 -				
- 1 11.5-4	a amount of	8,000		Very truly yours,	,	
Funds available in the	ne amount of.			•	Formen bank	4/
ASLI	NAH D. ASHARY	en/		ALV. Chie	ANODEN A. MACARINIB f, Management Services Divi	ision
Head, Fur	nd Management Sec	tion				
7 /13HG	Appro	oved:	Man	Idile		
			Dr. SAINUDDIN Acting Regional Vi	M. MOTI ce-President		
				Conform:		
Received this P.O. C	opy on:		-			
	by:				X	
				_	Name and Signature of	
					Supplier Representative	•
					(