PURCHASE ORDER

Supplier	: <u>I</u>	LIGAN DA	TAVISION SALES CENTER	Pur	Purchase Order No. : 19-087		
Address	: Iligan City			Date		4-22-2019	
Tel/Fax	: _				ms of Payment	9 00 0019	
PR No.	: 1	08-19			de of Procurement	cal Chapping	
Date	: 2	/21/2019		1410	de of Frocurement	NP/SVB-	
Please de	liver to the	his Office v	within seven (7) working days from receipt hereo	of the following:			
NO.	QTY.		ITEM DESCRIPTIO		UNIT PRICE	TOTAL AMOUN	
1	4	unit	ELASH THUMB DRIVE, High Capacity St		695.00	1 7 ROCK	
			XXXXX NOTHING FOLLOWS XXXX	XXXXXX	7000	2,18	
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	-					Ayers of the	
	+						
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E. 2- 01 10	A Longitude						
				and the same of			
	-						
	+						
			TOTAL				
Condition			TOTAL			2,780	
2. Render 3. If the d date of the 4. For imp tax receipt	your bil ate of the approva ported ite	ls in triplic e receipt of al of the Purems, IMPO I be submit	ate copies including the original. the Purchase Order by the dealer is not indicated rehase Order. RTATION DOCUMENTS specifically showing ted by the supplier	d, it shall be deemed rece the condition, serial num	ived on the 10th w	orking day from the	
runds ava	allable ii	the amou	nt of:	Very truly yours,			
		9			Jonnan	10 6 4/2	
N.M.	AS Hood I	LINAH D.	ASHARY	<u>A</u>	LANODEN A.	MACARIMBANG	
T Supp	ricau, i	und Mana	gement Section	C	hief, Management	Services Division	
		/	Approved:				
			Dr. SAINUDD Acting Regional				
Received th	his P.O	Copy on:		0.0	0		
		by:		Conform:	4	10	
					Blocker	Shan	
					Name and	Signature of	

Supplier/Representative