

Cell Phone No. 09285071910; Fax No. 09209372263

PURCHASE ORDER

Supplier	: IL	IGAN DA	TAVISION SALES CENTER		Purchase Order No.	= [9-15]
Address	: IL	IGAN CIT	Y		Date	: 9-8-2019
Tel/Fax	Fax :				Terms of Payment	: Incal Monnity
PR No.	. 19	1-19			Mode of Procurement	: NP/SVP
Date	-	25/2019				
Please deli	iver to th	is Office w	within seven (7) working days from	m receipt hereof the following:		
NO.	QTY.	UNIT	ITEM	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	7/	pcs	MOUSE PAD		75.00	525.00
1	1	Pes	XXXXX NOTHING FOL	LOWS XXXXXX		The College
	+ +					
	+					
	-	-				
	+					
	+					
	+					
100						
						525.00
			ТОТ	AL		323.00
2. Rende 3. If the date of th 4. For in tax receip	as liquider your bidate of the approvement of its should be approved in the approvement of the approvement o	lated dama ills in tripli he receipt of val of the P tems, IMP ld be subm in the amo	ges. cate copies including the original of the Purchase Order by the deal urchase Order. ORTATION DOCUMENTS spe itted by the supplier	to 1/10 of one (1) percent of the to l. ler is not indicated, it shall be deemed to be cifically showing the condition, ser Very truly Dr. SAINUDDIN M. MOTI Acting Regional Vice-President	ed received on the 10th rial numbers of the equipage yours,	working day from the
Received	d this P.C). Copy on by: _	:	Co		Acom Acompany Signature of Representative