Supplier	:	KIM GUAN	Purchase Order No. : $9-168$		
Address	:	ILIGAN CITY	Date : $5-28-20$		
Tel/Fax	:		Terms of Payment : Acal Change		
PR No.	:	11,1-19	Mode of Procurement:		
Date	:	2/21/2019			

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

NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUN
1	11/	poxon	INDEX TAB, Transparent, self adhesive, assorted colors	87.50	962,50
	1		XXXXX NOTHING FOLLOWS XXXXX		
		- 1	and the second s		
		2.			
3-64		-			
1.0					
			TOTAL		962.50

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.
- Render your bills in triplicate copies including the original.
 If the date of the receipt of the Purchase Order by the dealers.

date of the approval of the Purchase Order by the dealer is a date of the approval of the Purchase Order.	not indicated, it shall be deemed received on the 10th working day from the
	ally showing the condition, serial numbers of the equipment purchased, and
tax receipts, should be submitted by the supplier	any showing the condition, serial numbers of the equipment purchased, and
Funds available in the amount of:	Very truly yours,
64 ASLINAH DIASHADY	Formumberg
ASLINAH D. ASHARY Head, Fund Management Section	ALLANODEN A. MACARIMBANG Chief, Management Services Division
Approved:	Man-
1/	SAINUDDIN M. MOTI ng Regional Vice-President
Received this P.O. Copy on:	Conform:
by:	mynae munasin
	Name and Signature of
	/ Supplier/Representative