Supplier	:	DREUM ENTERPRISES	Purchase Order No. : 19-246
Address	:	CAGAYAN DE ORO	Date : $\frac{7}{10}$
Tel/Fax	:		Terms of Payment :
PR No.	:	279-19	Mode of Procurement : Day William
Date	:	6/20/2019	10 0
Please del	iver 1	to this Office within seven (7) working days from receipt hereof the following:	

NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUN
1	125	pcs	ID CARD FOR INSTITUTIONAL FOR HCP	165.00	20,625.00
			XXXXX NOTHING FOLLOWS XXXXXXX		
12					
		127			
TOTAL					20,625.00

## 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.
- 2. Render your bills in triplicate copies including the original.
- 3. If the date of the receipt of the Purchase Order by the dealer is not indicated, it shall be deemed received on the 10th working day from the date of the approval of the Purchase Order.

4. For imported items, IMPORTATION DOCUMENTS specifically showing the cortax receipts, should be submitted by the supplier	ndition, serial numbers of the equipment purchased, and
\$ 20 C.25	
Funds available in the amount of:	Very truly yours,
$\Theta$	Ammenden &
ADAS ASLINAH D. ASHARY	ALLANODEN A. MACARIMBANG
Head, Fund Management Section	Chief, Management Services Division
Approved:  Approved:  Atty. KHALIQUZZAMAN M. MACABATO, CF	PA, CSEE
Regional Vice-President	
Received this P.O. Copy on:	Conform:
by:	£ "
	Name and Signature of
	Supplier/Representative

Supplier	:	DREUM ENTERPRISES	Purchase Order No. : 19-246
Address	:	CAGAYAN DE ORO	Date : 7-10-2019
Tel/Fax	:		Terms of Payment :
PR No.	:	279-19	Mode of Procurement :
Date	:	6/20/2019	10 0
Please del	iver 1	to this Office within seven (7) working days from receipt hereof the following:	

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,					
		227			
					37711
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9	Donnembon
ASLINAH D. ASHARY	ALLANODEN A. MACARIMBANG
Head, Fund Management Section	Chief, Management Services Division 🐬
Approved: pe. themonta &	lela
Atty. KHALIQUZZAMAN M. MACABAT	
Regional Vice-President	
Received this P.O. Copy on:	Conform:
by:	$\mathcal{Q}$ .
	Name and Signature of
	Supplier/Representative