NO.	QT	TY. UNIT ITEM D	ESCRIPTION	UNIT PRICE TOTAL AMOUNT		
Please deli	ver t	to this Office within seven (7) working days from	receipt hereof the following:			
Date	:	6/19/2019				
PR No.	:	270-19		Mode of Procurement : NPSVP		
Tel/Fax	:			Terms of Payment :		
Address	:	ILIGAN CITY		Date 0-1-1110		
Supplier	:	CROWN PAPER AND STATIONER		Purchase Order No. 9-117		

no. QI	the same of the sa	TIEM DESCRIPTION	UNIT PRICE	TOTAL AMOUN
1 25	0 pcs	EMPLOYEES LEAVE CARDS	4.50	1,125.00
		xxxxxx nothing follows xxxxxxxxx		1
	1 33 7			
	20			
	1			/
4			/	
		TO THE A		
		TOTAL		1,125.00

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.

tax receipts, should be submitted by the supplier	howing the condition, serial numbers of the equipment purchased, and		
F 1 (25)			
Funds available in the amount of:	Very truly yours,		
ASLINAH D. ASHARY Head, Fund Management Section	AVLANODEN A. MACARIMBANG Chief, Management Services Division		
Approved: Atty. KHALIQUZZAM	IAN M. MACABATO, CPA, CSEE		
	nal Vice-President		
Received this P.O. Copy on:by:	Conform:		
	Name and Signature of Supplier/Representative		