Supplier Address Tel/Fax PR No.	: Ilig	an City	AVISION SALES CENTER	Purchase Order No. : Date : Terms of Payment : Mode of Procuremen:	9-43 910-22,249 Showing
Date Please deli			in seven (7) working days from receipt hereof the followin	g:	
LOUIS DDICE TOTAL AMOUNT					
NO.	QTY.	UNIT	ITEM DESCRIPTION	11,350.00	34,050.00
1	3/	cart	TONER CARTRIDGE HP LASERJET 81a, black	3,920.00	7,840.00
2	2 /	cart	TONER CARTRIDGE HP LASERJET 48a, black	3,920.00	7,840.00
	mit-t		xxxxxx nothing follows xxxxxxxxx		
		1 .			
		, 1			
	-				
	-				
The last					
			T O T A I		41,890.00
			TOTAL		41,050.00
2. Render 3. If the date of the 4. For im	gency shall as liquidate your bills late of the e approval ported iter ts, should l ailable in	ed damages. in triplicate receipt of the of the Purches, IMPOR be submitted the amount of the ASE and Manages.	e copies including the original. TATION DOCUMENTS specifically showing the condit the by the supplier	e deemed received on the 10th water ion, serial numbers of the equipal very truly yours,	vorking day from the
La II and			AND KHALIOUZZAMAN M MACA		
Atfy. KHALIQUZZAMAN M. MACABATO, CPA, CSEE Regional Vice-President					

Received this P.O. Copy on:

by:

Name and Signature of Supplier/Representative

Conform: