		HADJI ALI	Purchase Order No.	
Address : ILIGAN CITY			Date : Ul. 24 2019	
: -	/		Terms of Payment	:
: 371-	19 4	372-19	Mode of Procureme	ent: NP/SVP
: Sent	enleer	02 2019		
ver to this	Office with	nin seven (7) working days from receipt hereof the follow	ring:	
QTY.	UNIT	ITEM DESCRIPTION	UNIT PRIC	E TOTAL AMOUNT
101	PAX	EYE EXAM/ VISUAL ACUITY	500,00	50,500.00
/		XXXXX NOTHING FOLLOWS XXXXXX		
	-			7
		тотаг		50,500.00
		TOTAL		30,300.00
approval of orted items	f the Purch		e deemed received on the 10t	
	e amount NAH D. A d Manage	TATION DOCUMENTS specifically showing the condition of the supplier of: Yer	y truly yours, ALLANODEN Chief, Managem	
	s: gency shall is liquidated your bills in ate of the reapproval of	s: gency shall impose per as liquidated damages. your bills in triplicate ate of the receipt of th	iver to this Office within seven (7) working days from receipt hereof the follow QTY. UNIT ITEM DESCRIPTION	iver to this Office within seven (7) working days from receipt hereof the following: QTY. UNIT