Supplier Address	:	BEROVAN MARKETING INC. ILIGAN CITY	Purchase Order No. : Date :	19-460 11-11-2019
Tel/Fax	:		Terms of Payment :	Shorusina
PR No.	:	273-19	Mode of Procurement:	NP/SVP
Date	:	6/19/2019		

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

NO.	QTY.	ÚNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	9	BOX	SURGICAL MASK	125.00	1,125.00
			XXXXXX NOTHING FOLLOWS XXXXXX		
1					
		2			
		~			
		Mary Control	The state of the s		
	-				
	-			T POST CALL TO SE	
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.

4. For imported items, IMPORTATION DOCUMENTS specifically showing t	he condition, serial numbers of the equipment purchased, and
tax receipts, should be submitted by the supplier	
0 125	Very truly yours,
Funds available in the amount of:	I Sagarynan
ASLINAH D. ASHARY	ALLANODEN A. MACARIMBANG
Head, Fund Management Section	Chief, Management Services Division
Approved:	n/ir/iq
Approved. Formula	/1/14
Afty. KHALIQUZZAMAN M.	MACABATO, CPA, CSEE
/ Regional Vice	-President
Received this P.O. Copy on:	Conform:
by:	Auchey Was
	Name and Signature of
	Supplier/Representative