Supplier Address Tel/Fax PR No. Date	Address : ILIGAN CITY Tel/Fax : 273-19			Purchase Order No. :	
NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	4	pack	TISSUE 2 ply, 12 rolls in a pack	125.00	500.00
	1		XXXXXX NOTHING FOLLOWS XXXXXX		
		and the			
113					
	1 7 100	-			
				reside with the	
100	7 (1)				
					The state of the s

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.

TOTAL

500.00

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 specificall	y showing the condition, serial numbers of the equipment purchased, and
tax receipts, should be submitted by the supplier	
(P (STT) -	Very truly yours,
Funds available in the amount of:	very unity years,
ASLINAH D. ASHARY	ALLANODEN A. MACARIMBANG
* 1//00	Chief, Management Services Division
Head, Fund Management Section	
Approved:	earle with
Atty. KHALIQUZZ	AMAN M. MACABATO, CPA, CSEE
Re	egional Vice-President
Received this P.O. Copy on:	Conform:
by:	V-
	Name and Signature of
	Supplier/Representative