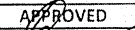




PURCHASE ORDER

Please deliver to this Office within 15 working days from receipt hereof :

Conditions:

- Very truly yours,

| | | |
|--|---|--|
| <u>Certified Budget Available:</u> | <u>Funds available in the amount of</u> <u>PHP 128,890.00</u> | <u>APPROVED</u>  |
|  <u>EVELYN C. CO</u> <u>FC III / Comptrollership Unit</u> |  <u>LEONIDAS A. LUMBA</u> <u>FC IV / Fund Management Section</u> | <u>EDGARDO F. FAUSTINO</u> <u>Acting Vice President PRO III</u> |
| Within the COB _____ Expense Code: <u>Medical Supplies</u> Budget _____ Remarks: _____ | | |
| <div style="display: flex; justify-content: space-between;"> <div data-bbox="154 1897 528 2018"> <u>CONFORME:</u> <u>PRINCESS JOCELYN SAN DIEGO</u> <hr/> SIGNATURE OVER PRINTED NAME OF SUPPLIER / REPRESENTATIVE </div> <div data-bbox="528 1897 1264 2018" style="text-align: right;"> <u>06 / 07 / 2021</u> DATE RECEIVED COPY OF P.O. </div> </div> | | |