## PURCHASE ORDER

1			Purchase Order No. : 2121-108
Supplier Address	:	ROSE PHARMACY INC. ILIGAN CITY	Date : 3 3 2024  Terms of Payment : NP/SVP
Tel/Fax	:	- 1 contract the second	Mode of Freedom
PR No.	- 1	HRU-004-2021	
Date	:	2/16/2021  Office within seven (7) working days from receipt hereof the following:	LADUT PRICE TOTAL AMOUNT

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

	UNIT PRICE		C WILLIAM D.	er to this Office	ce delive
660.00	7.50	(7) working days from receipt hereof are			se deliv
10,000.00		TACID KREMIL-S Tab	UNIT	QTY.	NO.
1	625.00	VIACID RREWIE 6 2 mm / hov	tab	88	1
1		TAMIN C 500mg, 100 cap/ box	box	16	2
		XXXXXX NOTHING FOLLOWS XXXXXX	2.1	10 4	2
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	Samuel Branchista	Committee of the second			
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○10,660.	The state of the state of	14 Sept. 14 Sept. 15	-		1 2
- UX		TOTAL		17.1	

- 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
- 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
- 4. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax

4. For imported items, in Octave receipts, should be submitted by the supplier		The same of the same	1/1 1
receipts, should be an	1	Very truly yours,	
Funds available in the amount of:	_	L	Og menay
runus avanasie ii		/	MALARINE
1 miles		ALLA	Management Services Division
ASILINAH D. ASHARY		Chief	, Management Scrviges 2
Mead, Fund Management Section			
Head, Fund Management		20.0	
Approved:	1/1/11/11	well althe	
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	DR. SALVUDDIN	M. MOTI	
	Acting Regional Vi	ice-President	
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		Conform:	1 1
Received this P.O. Copy on:			
Received this i.o. copy by:		_	Name and Signature of
			Supplier/Representative
			Supplier
			$\circ$