

Kouzbary Business Complex, Ali Bin Abu Talib Street, New Capitol Heights, Marawi City Cell Phone No. 09285071910; Fax No. 09209372263

			PURCHASE ORDER		
Supplier	: R0	OSE PHA	ARMACY INC.	Purchase Order No.	. 1.1. 1114
Address				Date	2/2/1/20
Tel/Fax	: 1-	/		Terms of Payment	
PR No.	: CS	S-001-202		Mode of Procurement	t: NP/SVP
Date		4/2021		wiode of Figetherich	NP/SVP
	7		within seven (7) working days from receipt hereof the following:		
NO.	QTY.	UNIT	ITEM DESCRIPTION	LUNIT PRICE	TOTAL AMOUNT
1	54	packs	TISSUE PULPS FACIAL TISSUE	40.00	2,160.00
2	8	box	SURGICAL, DISPOSABLE MASK	250.00	2,000.00
2	8 /	bot	ALCOHOL, 500ml (CASINO 70% Ethyl Alcohol)	93.25	746.00
	1 1		xxxxxx nothing follows xxxxxxx	793.23	740.00
	- 17		Total Total State of the State		
			in the second second		
		4.4			
			75 Commence of the Commence of	1	
- 13		1.4			
			and the second second	-11	
25					A
-		775			20.7
		1	TOTAL		4,906.00
he delay a Render In the da Render In th	ency shall a liquidate your bills attended of the approval ported items, should ilable in ASI	ted damages in triplicate receipt of of the Purms, IMPO be submitted the amount of the	the Purchase Order by the dealer is not indicated, it shall be deemed that the Purchase Order. RTATION DOCUMENTS specifically showing the condition, serial ted by the supplier	received on the 10th volumbers of the equipours,	working day from the ment purchased, and 3/24/224 MACARIMBANG
	1.500, 1	\	1	Chief, Managemen	Services Division
			Approved: Dr. SANUDDIN M. MOTI Acting Regional Vice-President		
Received th	nis P.O. (Copy on:	Confo	orm:	

Name and Signature of Supplier/Representative