

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

PURCHASE ORDER

Supplier : ROSE PHARMACY, INC.

Address : ILIGAN CITY

Tel/Fax :

PR No. : FMS-004-2021

Date : 6/15/2021

Purchase Order No. : 2021-056
Date : 6/24/22
Terms of Payment : _____
Mode of Procurement : NP/SVP

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

[illegible]

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 the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier

Funds available in the amount of: 12,684-

Very truly yours,

ASLINAH D. ASHARY
Head, Fund Management Section

Approved:

~~DATU MASIDUNG M. ALONTO, JR.~~
Regional Vice-President

ALLAN NODEN A. MACARIMBANG
Chief, Management Services Division

Received this P.O. Copy on: _____
by: _____

Conform:

Name and Signature of _____