Cell Phone No. 092850

## PURCHASE ORDER

	BEROVAN MARKETING	NC.	Purchase Order No. :	7/7/702
Supplier :		TV-97	Terms of Payment :	
Address :	ILIGAN CITY		Mode of Procurement :	NP/SVP
Tel/Fax :	41		Mode of Freeze	
PR No. :	GSU-058-2021	The state of the s		
Date :	5/12/2021	from receipt hereof the following:		

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

lease deliver to this Office within seven (7) working days from the CRIPTION			UNIT PRICE	TOTAL AMOUNT	
			ITEM DESCRIPTION	565.00	3,390.00
NO.	QTY.	UNIT	ALCOHOL 70% Solution	270.00	3,510.00
1	6	gal	ALCOHOL 70% Solution HAND SANITIZER Gel, 1000ml with pump, sanitizer	210.00	
2	13	bot	HAND SANTTIZER GC, 180000		THE RELEASE
_		1800	xxxxxx nothing follows xxxxxx		
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					6,900
			TOTAL		The state of

- 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.
- 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 2. Render your bills in triplicate copies including the original.

3. If the date of the receipt of the Furchase Order. date of the approval of the Purchase Order.	ifically showing the condition, serial numbers of the equipment purchased, and
4. For imported items, IMPORTATION Better tax receipts, should be submitted by the supplier tax receipts, should be submitted by the supplier	Very truly yours,
Funds available in the amount of:	ALLANODEN A. MACARIMBANG
ASLINAH D. ASHARY A. Head, Fund Management Section	Chief, Management Services Division
Approved:	ATU MASIDING M. ALONTO, JR.
<u>D</u> A	Regional Vice-President

	Conform:
Received this P.O. Copy on:by:	Name and Signature of Supplier/Representative
	Supplier/Representative