Cell Phone No. 09285071910; Fax No. 09209372263

PURCHASE ORDER

Supplier	: R	ROBINSONS HANDYMAN, INC.			chase Order No. :	2121-081
Address	ILIGAN CITY			Date :		777 mm
Tel/Fax	: _		1000		ns of Payment :	
PR No.	: <u>G</u>	SU-058-202	21	Mod	de of Procurement:	NP/SVP
Date	: 5/	12/2021				
Please del	liver to th	is Office w	ithin seven (7) working days from receipt hereof the following:			
NO.	QTY.	UNIT	ITEM DESCRIPTION	111		OTAL AMOUNT
1	2	ВОТ	DISINFECTATNT CLEANER		710.00	1,420.00
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	18	90' IL 18	TOTAL			1,420.00
the delay 2. Rende 3. If the date of th 4. For in tax receip	gency sh as liquid or your bi date of th e approve approve ported it ots, should vailable i	ated damag ills in triplic he receipt of al of the Pu hems, IMPC d be submi n the amou	rate copies including the original. If the Purchase Order by the dealer is not indicated, it shall be deen rechase Order. ORTATION DOCUMENTS specifically showing the condition, setted by the supplier Output of: Very truly Output SHARY Age ment Section	ned rece erial num y yours,	eived on the 10th we mbers of the equipm	orking day from the nent purchased, and
Received	this P.O	. Copy on: by:	DATU MASIDIO M. ALONTO, J. Regional Vice-President Co	JR.		
						Signature of epresentative