Cell Phone No. 09285071910; Fax No. 09209372263

PURCHASE ORDER

upplier	: ROSE PHARMACY INC.			Purchase Order No. : Date		2021-095
Address	: <u>IL</u> I	IGAN CIT	Y	Term	s of Payment :	
Cel/Fax	: _		2021	Mode	e of Procurement:	NP/SVP
PR No.		RVP-004-2				
Date		6/2021 -				
Please del	iver to th	is Office v	within seven (7) working days from receipt hereof the following:		UNIT PRICE I	OTAL AMOUNT
NO.	QTY.	UNIT	ITEM DESCRIPTION	. 0	98.50	2,462.50
1	25	bot	ALCOHOL 500ml 70% solution w/ dual moisturizer		35.00	525.00
2	15	pcs	HAND BODY WIPES, Disinfectant antibacterial, (15 sheets)	-	225.00	2,700.00
3	12	box	DISPOSABLE PROTECTIVE MASK, 3 ply	-	10.50	252.00
4	24	pcs	TISSUE PAPER 4 ply, 180g 2 rolls in a pack (12 rolls)		10.50	38
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			TOTAL			5,939.50
the delay 2. Rend 3. If the	y as liquid ler your be date of t	dated dam	e penalty in an amount equivalent to 1/10 of one (1) percent of the to			11 1
date of t	imported ipts, shou available	val of the items, IM items	licate copies including the original. of the Purchase Order by the dealer is not indicated, it shall be deem Purchase Order. PORTATION DOCUMENTS specifically showing the condition, se mitted by the supplier Very truly anagement Section	erial nu	ALLANODEN A	working day from the