

10.1101/000000

Supplier

Address

Tel/Fax

PR No.

Date _____

Purchase Order No.

Date _____

Terms of Payment

Mode of Procurement :

NP/SVP

Please deliver to this Office within **seven (7) working days** of receipt.

NO.

QTY.

UNIT

ITEM DESCRIPTION

UNIT PRICE

TOTAL AMOUNT

1

1

unit

INFORMATION DESK PORTABLE

28,950.00

28,950.00

xxxxxxx nothing follows xxxxxxxx

Model # Cypress #M-57

TOTAL

~~28,950.00~~

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.

- Funds available in the amount of: 10

ASLINAH D. ASHARY

Approved:

Regional Vice-President

Chief, Management Services Division

Received this P.O. Copy on:

by:

Name and Signature of
Supplier/Representative

Name and Signature of
Supplier/Representative