Cell Phone No. 09285071910; Fax No. 09209372263

PURCHASE ORDER

s : IL		CENTER	Purchase Order No.	
. 11	IGAN CIT	1	ate	9 20 40
: _		The state of the s	erms of Payment	: (
: G	SU-125-20	21M	ode of Procurement	: NP/SVP
: 8/	31/2021			
	7,1			
deliver to th	nis Office w	vithin seven (7) working days from receipt hereof the following:		
QTY.	UNIT	ITEM DESCRIPTION		TOTAL AMOUNT
3	unit	AIRCON SPLIT TYPE, 1.5hp inverter type set wall mounted	86,000.00	258,000.00
	100	220v, 1 phase incl. installation and materials.		
		XXXXX NOTHING FOLLOWS XXXXX		
		The second secon		
		Free labor and transportation of units to marawi		
		MIDEA Brand, High End		-1
		Warranty: 1 year parts & services		
		5 years compressor	1/2	
		Note: if excess piping 400/ft.	10	
		-87		
		in the state of the state of	KINT II	
		19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		T O T A I		/1
ions:		TOTAL	a form delivered	
Agency shay as liquid der your bit the approvimported it eipts, should available	lated damagills in triplicated to the receipt of the Putterns, IMPO and be submitted in the amount of the	penalty in an amount equivalent to 1/10 of one (1) percent of the total veges. cate copies including the original. If the Purchase Order by the dealer is not indicated, it shall be deemed resurchase Order. ORTATION DOCUMENTS specifically showing the condition, serial related by the supplier	numbers of the equipers,	working day from th