Cell Phone No. 09285071910; Fax No. 09209372263

## PURCHASE ORDER

Supplier	: R0	OSE PHAI	RMACY INC.	Purchase Order No.	: 2121-156
Address	: IL	IGAN CIT	Ý	Date	: ab2/212
Tel/Fax				Terms of Payment	:
PR No.	· R-	002-2021		Mode of Procurement	t: NP/SVP
Date		20/2021			
		11.4	Cd. C. Harris	. wis 1	
			within seven (7) working days from receipt hereof the following:  ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
NO.	QTY.	UNIT		93.25	3,357.00/
1	12	bot	ALCOHOL, ISOPROPYL,500ml, Ethyl Alcohol (Casino brand)	150.00	300.00
2	2	box	BAND AID, 100pcs/box (Guardian brand)	410.00	1,230.00
3	3	pcs	DISINFECTANT spray 510grams (Lysol)	150.00	450.90
4	3	box	TISSUE, ULTRASOFT 3- ply bathroom tissue 12s XXXXXX NOTHING FOLLOWS XXXXXX	130.00	430.00
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	1				1-12-94-34
					Non-community of
			TOTAL		5,337.00
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Received	I this P.O	o. Copy on by: _	Approved:  DATUMASIDING M. ALONTO, JE  Regional Vice-President  Cor	nform:	nd Signature of