

# PURCHASE ORDER

Supplier : ROSE PHARMACY INC.

Address : ILIGAN CITY

Tel/Fax :

PR No. : MS-002-2021

Date : 8/31/2021

Purchase Order No. : 2421-150  
Date : 9/25/2024  
Terms of Payment : \_\_\_\_\_  
Mode of Procurement : NP/SVP

Please deliver to this Office within **seven (7)** working days from receipt hereof the following:

NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	30	pack	PULL UP FACIAL, TISSUE 3 PLY	42.00	1,260.00
			xxxxxxx nothing follows xxxxxxxx		
TOTAL					1,260.00

**Conditions:**

- 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.
  2. Render your bills in triplicate copies including the original.
  3. If the date of the receipt of the Purchase Order by the dealer is not indicated, it shall be deemed received on the 10th working day from the date of the approval of the Purchase Order.
  4. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier

**Funds available in the amount of:**

Very truly yours,

**ASLINAH D. ASHARY**  
Head, Fund Management Section

**ALLANODEN A. MACARIMBANG**  
Chief, Management Services Division

Approved:

**DATU MASIDING M. ALONTO, JR.**  
Regional Vice-President

Received this P.O. Copy on: \_\_\_\_\_  
by: \_\_\_\_\_

Conform:

Name and Signature of  
Supplier/Representative