PURCHASE ORDER

BATANGAS CITY GOVERNMENT	
LGU	

Supplier:	NATIONAL	PRINTING O	FFICE awollo1 a	P.O. No.: 99		
and address of the supplier.				Non-hac 2024		
Address:	Edsa Corne	r National P	rinting Office Road Diliman, Quezon	the same of the sa		
		(rial number (one series for each year	200 2004 00 000402 (02 (45 (2024		
Gentleme	n:		HINO 16:	M 4		
		this office th	e following articles subject to the term		s contained here	ein:
			on of the PO ode of procurement such or procured	of the preparati	5 Date - date 6 Mode of Pr	
			JRER'S OFFICE Us Instrumental to sho	Delivery Term:		
Date of De	elivery:	delivery if	lo statish etinitah hos yasivish to eosi	Payment Term	Lieft energy	
Item No.	Unit	Quantity	qqid 807 notisnd Description	erm - delivery ter	Unit Cost	Amount
1	books	200	Cash Book- Accounting Form No. 131-A		₱ 287.50	₱ 57,500.00
2	books	50	Cash in Bank		eqo19 bns	14 275 00
2	DOOKS	30	Cash Book-Accounting Form No. 131-B Cash Advances			14,375.00
3	books	50	Cash Book -Accounting Form No. 131		287.50	14,375.00
			Cash in Treasury Cooptaglique ent			
	9	i official of the	signature of the authorized approving			
			Oviio:	naco que e toliq	be bas Off	
) shall be approved by the Local Chie by the supplier/contractor of his duly		T	
	CtJo		c anomity to the terms and conditions			
			awlint se heliudirtaih see	and Chandle of	exenore ad lieds	11 9
		noge VO sr	delivery of goods and attachment to	the surpagnor	Orginal - to	
			nt ex a second of the second	amyse not payme	61 4	
		ovil bollim	pply and Property Bivision for their till New and appropriate action, to be so	auteo by me su	Duplicate - re	
			O9.adtito.noibe	days from perf		
(Total Am	ount in Mord	Fighty six th	ousand two hundred fifty pesos only	dt seedmud be	teilopen la seco	9 96 350 00
(Total Ami				U Tedansy nodu	ceex Healingby	1 . /
one ne			ke the full delivery within the time selay shall be imposed.	pecified above,	a penalty of or	ne-tenth (1/10) of
one pe	indent for evi	cry day or a		truly yours,		
Confor	me:				N. BEVERLEY R	A. DIMACUHA
		NATIONAL P	RINTING OFFICE	A	Authovizedvery	ial)
	(Sig	gnature over	printed name)		X	
		(Date)		/\	
			e pursuant to Section 369 (a) of RA 71	60, this portion	must be accomp	olished.)
Approv	ed per Sangg	unian Resolu	ition No.:			
Certifie	d Correct:			Date:		