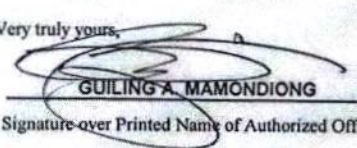



**PURCHASE ORDER**  
**NATIONAL COMMISSION ON MUSLIM FILIPINOS**  
 Entity Name

Supplier : <b>TELECURE CORPORATION</b>			P.O. No. : _____		
Address : <b>1-C GF RM 101 Square, Ramon Magsaysay Blvd Ampil St. Brgy. 63 Sta Mesa Manila</b>			Date : _____		
TIN : <b>010-589-000-000</b>			Mode of Procurement : <b>SVP</b>		
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery : _____			Delivery Term : _____		
Date of Delivery : _____			Payment Term : _____		
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	pcs	<b>QUADRIVALENT INFLUENZA VACCINE</b>  <i>Technical Description:</i> SPLIT VIRION INACTIVATED SH STRAINS, 0.5ml, PFS   Send bill arrangement payment thru LDDAP.	120	590.03	P70,803.60
<b>(Total Amount in Words)</b>		Seventy Thousand Eight Hundred Three and Sixty Centavos	<b>P 70,803.60</b>		
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s.					
Conforme:  _____ <b>NINO RICHARD C. TAN</b> Signature over Printed Name of Supplier  _____ Date			Very truly yours,  _____ <b>GUILING A. MAMONDIONG</b> Signature over Printed Name of Authorized Official  _____ Secretary Designation		
Fund Cluster : _____ Funds Available : _____   <b>SITTIE R. IZA A. GURO</b> Acting Chief Accountant Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit			ORS/BURS No. : _____ Date of the ORS/BURS: _____  Amount : _____		