

## **LOCAL PURCHASE ORDER**

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Requestor's Nam	e:			Date Requested		
Position:			Purchase Order	No.		
Department:				Official Receipt I	No.	
Purpose/ Use:						
Supplier/ Vendor Name:					TIN No.:	
Supplier/ Vendor Address:				VAT Non-VAT		Non-VAT
Contact Person:						
Contact Number:						
Delivery Date:						
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Item No.	Item		Item Description	Quantity	Unit Price	Total Cost
					Discount:	
					Delivery Fee:	
					TOTAL:	
				L		
Prepared by:				Annrov	ad hv:	
				Дрргом	Approved by:	
(Sign over printed Name) Requestor's Name					(Sign over printed Name) Finance Controller	
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Verified by:				Receive	Received by:	
verille	u by.				,	
		<del></del>				
	r printed Name) ment Head			(Sign over Request	(Sign over printed Name) Requestor/ Authorized Personnel	