

For :

Date :

Date :

PIC : Delmi Sariyani, ST PO Date :

Delivery	1.	<input type="checkbox"/> ex W/house(P/C/D)	2.	<input type="checkbox"/> Franco(P/D)	by	<input type="checkbox"/>	Freight charge:
Payment	1.	<input type="checkbox"/> COD	2.	<input type="checkbox"/> Prepaid	3.	<input type="checkbox"/> Consignment	<input type="checkbox"/> Free/TO/LF/RP/PT
	5.	Within <input type="text"/> days after	5a.	<input type="checkbox"/> SJ/Inv/FP/Tender	5b.	Closing on	<input type="checkbox"/> for the Month/Week(M/W)
	by 1)	<input type="checkbox"/> Cash	2)	<input type="checkbox"/> Check	3)	<input type="checkbox"/> Transfer	<input type="checkbox"/> Giro
		by		by		by	

Remark :

Received By

Name / Signature