



REV. 8/99

PO No: 0076LDRHPO2200186

## LOCAL PURCHASE ORDER

ate: O: 'ayee's TIN: Payee's Address Region:	03 May 2022 ISHOZI CONSTRUCTION COM 155-452-919 40427 DSM	IPANY LIMITED		FROM: Payer's Code: Payer's Address: Region:	SOKOINE R 0076LDRH LINDI LINDI		REFERRAL	HOSPITAL	
- HINT	ods/ Services Detailed below:	Пом	QT	Y UNIT	PRICE	V	'AT	TOTA	AL AMOUNT
O ITEM D	ESCRIPTION	UOIVI		1	00.00	0	* 0.00	*****	2,400,000.00
PROPSI	ENGS OF 6M	PC	15		000.00		0.00	******	4,200,000.00
					otal Amoun	t Payable:	***		5,600,000.00
1. Your invoices 2. The Purchase 3. 3 days with d	NDITION: should be submitted together Order Number must be quote eduction of 2% and or 5% With	with the origin d on all commu hholding Tax wl	al of the Li unications i here appro	PO.		t Payable:	***		
1. Your invoices 2. The Purchase 3. 3 days with d Purchase Order Request Prepar	should be submitted together Order Number must be quote eduction of 2% and or 5% With Request No: ed by: to be delivered to:	with the origin of on all communications and the wind of the wind	al of the Linications there appro	PO.	der.				: 06 May 20
1. Your invoices 2. The Purchase 3. 3 days with d Purchase Order Request Prepar Goods/Service	should be submitted together Order Number must be quote eduction of 2% and or 5% With Request No: ed by: to be delivered to:	At the Model	al of the Linications in here appro	PO. relevant to this ord priate.	der.			or delivery	

Official Seal

Printed on: Tuesday, May 3, 2022 4:15:55PN

Supplier Representative

.... "Caribalini [MIISF]

**Accounting Officer**