THE UNITED REPUBLIC OF TANZANIA



REV. 8/99

PO No: 0076LDRHPO2200134

LOCAL PURCHASE ORDER

		LO	CALITORICITA	ASE ONDER			
Date: TO: Payee's TIN: Payee's Address Region:	04 Apr 2022 KAMAKA COMPANY LIMITED 102-158-008 BOX 78570 DAR ES SALAAM			FROM: Payer's Code: Payer's Address: Region:	SOKOINE REGIONAL REFERRAL HOSPITAL 0076LDRH LINDI LINDI		
Warrant Holder:	ods/ Services Detaile	ed below:					
NO ITEM DE	SCRIPTION	UOM	QTY	UNIT P	RICE	VAT	TOTAL AMOUN
TERMS AND CONI				Tota	al Amount Payable	2: *****	*******495,000.00
1. Your invoices sh 2. The Purchase O	nould be submitted to order Number must be duction of 2% and or equest No:	cogether with the origing to equoted on all community of the community of	unications rel	evant to this orde iate.		ected Date for	r delivery: 06 Apr 202
	ertha hitanda	ALFRED	en de		Approved By:	Rehema Massawe	Twaha

Purchase Officer

" WED COLL OF THE TALL

HPMU

Accounting Officer

Official Seal

Supplier Representative