



LOCAL PURCHASE ORDER

Date: 13 Jun 2022	FROM: SOKOINE REGIONAL REFERRAL HOSPITAL
TO: SAYONA TRADERS	Payer's Code: 0076LDRH
Payee's TIN: 102-304-304	Payer's Address: LINDI
Payee's Address: BOX 53 LINDI	Region: LINDI
Region: LINDI	

Warrant Holder:

Please Supply Goods/ Services Detailed below:

NO	ITEM DESCRIPTION	UOM	QTY	UNIT PRICE	VAT	TOTAL AMOUNT
1.	CONCRET NAILS 20PKT	Box	1	100,000.00	0.00	*****100,000.00
2.	NAILS 4" KG 50	Bag	2	200,000.00	0.00	*****400,000.00
3.	NAILS 5" KG 50	Bag	1	200,000.00	0.00	*****200,000.00

Total Amount Payable: *****700,000.00

TERMS AND CONDITION:

- Your invoices should be submitted together with the original of the LPO.
- The Purchase Order Number must be quoted on all communications relevant to this order.
- 2 days with deduction of 2% and or 5% Withholding Tax where appropriate.

Purchase Order Request No:

Request Prepared by:

Goods/Service to be delivered to:

Authorized By:

ERICK MTAJI
PMO SOKOINE REGIONAL HOSPITAL
[Signature]

Expected Date for delivery: 15 Jun 2022

Prepared By: Bertha ALFRED
Chitanda

[Signature]

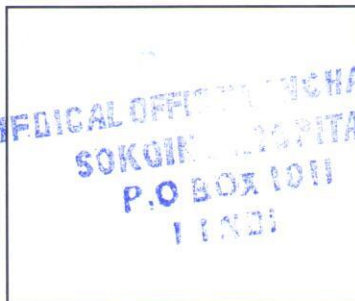
Approved By: Rehema Twaha
Massawe

[Signature]

Purchase Officer

[Signature]

Accounting Officer



Official Seal

HPMU

[Signature]

Supplier Representative