THE UNITED REPUBLIC OF TANZANIA



REV. 8/99

PO No: 0070ARRHPO2200360

LOCAL PURCHASE ORDER

Date: 09 May 2022 TO: BISIXTEEN JASTINI MASAWE Payee's TIN: NA Payee's Address BOX 1616 Region: ARUSHA Warrant Holder:				FROM: Payer's Code: Payer's Address: Region:	MOUNT MERU REGIONAL REFERRAL HOSPITAL 0070ARRH ARUSHA ARUSHA			
		ods/ Services Detailed below:						TOTAL AMOUNT
ИО	building	ESCRIPTION	UOM Each	QT	Y UNIT P		VAT 0.00	
TERMS AND CONDITION: 1. Your invoices should be submitted together with the original of the LPO. 2. The Purchase Order Number must be quoted on all communications relevant to this order. 3. 1 days with deduction of 2% and or 5% Withholding Tax where appropriate CHEQU. Purchase Order Request No: Request Prepared by: Got ds/Service to be delivered to: Authorized By: Total Amount Payable: ***********************************								
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Accounting Officer

Official Seal

Supplier Representative