THE UNITED REPUBLIC OF TANZANIA



REV. 8/99

PO No: 0070ARRHPO2200285

LOCAL PURCHASE ORDER

Date						
Date: TO: Payee's TIN: Payee's Address Region:			FROM: Payer's Code: Payer's Address: Region:	0070ARRH	IAL REFERRAL HOSPITAL	
Warrant Holder:						
Please Supply Goo	ods/ Services Detailed below:					
NO ITEM DE	SCRIPTION	иом	QTY	UNIT P	RICE VAT	TOTAL AMOUNT
1. Cement		Bag	1	3,750,00	0.00	,,
TERMS AND CON	DITION: hould be submitted together w				al Amount Payable:	*********3,750,000.00
The Purchase O	order Number must be quoted duction of 2% and or 5% Withhead or 5%	on all commun	ications rel	eval CHE SON EXA	NO. MINED AND PASS FOR PAYMENT Cod: Expected	ED Sate for delivery: 03 May 2022

Accounting Officer

Official Seal

MOI MI MERU RRH

ARUSHA

Supplier Representative