





PO No: 0070ARRHPO2200236

LOCAL PURCHASE ORDER

D	at	e	:	

03 Mar 2022

TO:

ISSACK PHILEMON MOLLEL

Payee's TIN:

101-916-995

Payee's Address P. O. POX 1490 ARUSHA

Region:

ARUSHA

FROM:

MOUNT MERU REGIONAL REFERRAL HOSPITAL

Payer's Code:

0070ARRH

Payer's Address: ARUSHA-

Region:

ARUSHA

Warrant Holder:

Please Supply Goods/ Services Detailed below:

NO	ITEM DESCRIPTION	иом	QTY		TOTAL AMOUNT
1.	Tofali nzito INCH 6	PC	1,200		

Total Amount Payable:

**2,100,000.00

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 program of 3. 14 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:

yery: 17 Mar 2022

Prepared By:

Joyceline

Natai

Indiael

Approved By:

NEEMA MICHAEL KIKOSA

Purchase Officer

MAEN MOI MIMERU RRH ARUSHA

HPMU

Official Seal

*

Supplier Representative