



## LOCAL PURCHASE ORDER

Date:	03 Mar 2022	FROM:	MOUNT MERU REGIONAL REFERRAL HOSPITAL
TO:	ISSACK PHILEMON MOLLEL	Payer's Code:	0070ARRH
Payee's TIN:	101-916-995	Payer's Address:	ARUSHA
Payee's Address:	P.O. POX 1490 ARUSHA	Region:	ARUSHA
Region:	ARUSHA		

Warrant Holder:

Please Supply Goods/ Services Detailed below:

NO	ITEM DESCRIPTION	UOM	QTY	UNIT PRICE	VAT	TOTAL AMOUNT
1.	KOKOTO	Each	3	1,500,000.00	0.00	*****4,500,000.00

Total Amount Payable: \*\*\*\*\*4,500,000.00

## 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 order.
3. 12 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: \_\_\_\_\_

EXAMINED AND PASSED  
FOR PAYMENTSigned: \_\_\_\_\_  
Date: \_\_\_\_\_

Expected Date for delivery: 15 Mar 2022

Prepared By: Joyceline  
Natai

Indiael

Approved By: \_\_\_\_\_

NEEMA  
MICHAEL

KIKOSA

Purchase Officer



Official Seal

Supplier Representative

Accounting Officer

