

REV. 8/99

PO No: 0036KVRHPQ2200208

Date:		rc	CAL PURCH	ASE ORDER				
70	21 May 2022							
TO:	MEDICAL STORES DEPA	•••••						
Payee's TIN:	RTMENT MSD		FROM:	KATAVI REGIONAL REFERRAL HOSPITAL				
Payee's Address	Payee's Address DAR ES SALAAM  Region: DAR ES SALAAM			Payer's Code:	0036KVRH			
Region:				Payer's Address:				
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Warrant Holder:								
Please Supply Good	ls/ Services Detailed be							
NO ITEM DES	CRIPTION							
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TERMS AND CONDIT	TON.			То	tal Amount Ra	yable: **	******1,549,354,0	
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1. Your invoices shou	old be submitted together Number must be quo	or with all		1112	1	11-4		
3. 24 days with dedu	old be submitted togeth or Number must be quo oction of 2% and or 5% v	er with the originated on all commu	al of the LPO	1511		V. James		
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Purchase Order Requ	est No:			Q.	and the second			
Request Prepared by:	_	P0220	200	<b>3</b>				
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Goods/Service to be d	lelivered to:	$\overline{}$	Ot,			Expected Date	for delivery: 14 Ju	
Authorized By:	_	3	DAS	<u>S</u> :		,	70, delivery, 2430	
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Prepared By: Killoba	. Vah							
Ahmed Kabwe					Approved	Approved By: Boniface Frank		
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urchase Officer					LIDDALL			
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