



AMDANepal

Purchase Order

Ref.:.....

Issued by

Hospital/Project:.....

Request Date:.....

To,

Name of Vendor:.....

VAT/PAN No:.....

Address:.....

Tel/Fax No:.....

E-mail:.....

Quotation/ Agreement Ref:.....

Dear Vender/Supplier,

You are requested to supply following goods/items as specified below:

- a. Invoice to be named:.....
- b. Date of delivery; before:.....
- c. Destination of delivery:.....

Sn	Name of goods	Specification	Unit	Qty	Unit Price	VAT if applicable	Total Amt	Remarks
Total								

Note: Delayed delivery, supply of unspecified items/ goods, and partial delivery can reject and will lead to penalty as per the agreement and/ or agreed note.

Prepared by (Store)	Recommended by (Procurement)	Approved by (OIC)
(Name, Sign, Date)	(Name, Sign, Date)	(Name, Sign, Date)