



Original

To be attached to original Payment Voucher

Republic Of Ghana

CAGD 20
PO/22 0196814

PURCHASE ORDER

	Code	Description
Institution	<input type="text"/>	<input type="text"/>
Funding	<input type="text"/>	<input type="text"/>
Function of Government	<input type="text"/>	<input type="text"/>
Organization	<input type="text"/>	<input type="text"/>
Program/Objective	<input type="text"/>	<input type="text"/>
Sub Program/Output	<input type="text"/>	<input type="text"/>
Project	<input type="text"/>	<input type="text"/>
Activity	<input type="text"/>	<input type="text"/>
Location	<input type="text"/>	<input type="text"/>
Supplier's Name: <u>TOBINCO PHARMACEUTICALS LTD</u>		Activity & Exp. Initiation No.....
Supplier's TIN:.....		Supplier Pro-forma invoice No.....
Supplier's VAT:.....		Award / Contact No.
Supplier's Site: <u>Accra</u>		
Special supply Instructions:.....		

Item No.	Natural Account				Account Description	Quantity	Unit Price	Account GH¢
	Class	Item	Sub-Item	Sub Sub-Item				
					SYR CETIRIZINE	100	8.16	816.00
					SUSP AMOXICLAV 457MG	240	33.83	8,119.20
								/

Total Amount in words Eight thousand nine hundred and thirty five cedis Twenty pence GH¢ **8,935.20**

This PO is valid for weeks

Preparation / Authorisation of Expenditure

Prepared by Jord Yao Kotoka Signature Date 10/9/25

Approved by Dr Stephen Quarcoo Signature Stamp Date 12/09/2025

Authorised by [Cost centre Accountant] Stephen Aldo Signature Stamp Date 10/9/25

Expenditure Ledger Entered by..... Warrant No..... Funds Availability verify by.....

Folio..... Signed..... [Treasure Officer]

Date..... Date.....

Supplier's Signature.....

Government does not accept liability for any order signed by unauthorised person. Supplier's are therefore to satisfy themselves that the order has been signed by the authorised person.