# EBC Health Establishment

## CRMF PURCHASE ORDER FORM

**CHARGE TO: EBC HEALTH ESTABLISHMENT ACCOUNT**

**ORDER NO - _____** **DATE ORDER SUMBITTED: _____/_____/__2016___**

**Note: Orders are accepted only if signed & stamped by the Health Secretary**

| Name of item/ Good | QTY | COMMENTS - DEFAULT | Request Job |
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Authorized & Stamped by: _____

Japalis Kaiok

EBC Church Health Secretary

Contact: P.O.Box 823, Goroka, EHP, PNG

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Email: ebc.chspng@gmail.com