



World Food Programme
Programme Alimentaire Mondial
Programa Mundial de Alimentos
برنامج الأغذية العالمي

PURCHASE ORDER

UN - World Food Programme

WFP Benin, Cotonou

SUPPLIER

ONIP
Office National d'Imprimerie et de
Cotonou
PO Box: 1210
Cotonou Benin
Tel No: 229 21301152
Fax No: 229 21303463
Email: recouvrement@lanationbenin.info

Purchase Order No.: WFP/BJCO/2020/4800323468
Vendor: 50026790
Issue Date: 11 December 2020
Delivery Date: 15 December 2020
Payment Terms: Payable immediately
Payment Currency: XOF

PURCHASING OFFICE:

WFP Benin, Cotonou
Avenue Gouverneur Roume Lot III
Cotonou Benin
Buyer: WFP Benin
Tel No.: (229) 314892
Fax No.: (229) 315503

CONSIGNEE:

CO-BENIN
Avenue Gouverneur Roume Lot III
Cotonou Benin
Tel No.:00229 314892
Fax No.:00229 315503

- Please acknowledge receipt of this Purchase Order using the attached form within three (3) days.
- UN General Conditions of Contract attached to this order apply.

				Currency	XOF
Item	Description	Order Qty	Unit	Unit Price	Total Price
001	AVIS D'INSERTION APPEL D'OFFRE TRANSPORT Publication SNU pour le compte du PAM	3	each	250,000	750,000
GRAND TOTAL				XOF	750,000



Approved by:

Guy ADOGA
UN - World Food Programme

Date

12/12/20

WFP Headquarters are situated in:

Via Cesare Giulio Viola 68/70, Parco de' Medici 00148 Rome, Italy

E-Mail: firstname.lastname@wfp.org Website: www.wfp.org



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Tel No:00229 314892 Fax No: 00229 315503

ACKNOWLEDGEMENT COPY

IMPORTANT

The Supplier is required to sign and return the Acknowledgement Copy to the address or fax number shown above. Failure to do so may result in the cancellation of the order without notice.

SUPPLIER

Office National d'Imprimerie et de
Cotonou
PO Box: 1210
Cotonou Benin
Tel No: 229 21301152

Purchase Order No.: WFP/BJCO/2020/4800323468

Issue Date: 11 December 2020

Delivery Date: 15 December 2020

Delivery Terms:

Delivery Destination: CO-BENIN

Mode of Shipment:

Payment Terms: Payable immediately

Payment Currency: XOF

Total Value: 750,000

WE HEREBY ACCEPT THE TERMS AND CONDITIONS OF THE ABOVE ORDER

Supplier's signature

Date

Name and Title

Date