MARIANO MARCOS STATE UNIVERSITY
SA473258

PURCHASE ORDER

MARIANO MARCOS STATE UNIVERSITY

City of Batac 2906 Ilocos Norte

Supplier : **LAOAG NEWTON CONST. SUPPLY** Address : Laoag City TIN :	P.O. No. : 01101101-2021-07-328 Date : July 12, 2021 Mode of Procurement: NP-Small Value

Gentlemen: PR No. 2021-02-066 (01101101) - ITC

Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : MMSU, City of Batac Date of Delivery : Within 15 calendar days upon receipt of P.O.	Delivery Term : FOB Destination Payment Term : N/30

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
CMT-029-376	pc	1" Wood screw	500	1.00	500.00
CMT-029-108	pc	1" PVC pipe, thin	30	105.00	3,150.00
CMT-029-378	pc	1" PVC short elbow, orange	10	32.00	320.00
ELS-039-095	pc	3/4" PVC pipe, thin	30	82.00	2,460.00
CMT-029-339	pc	3/4" PVC short elbow, orange	10	18.00	180.00
ELS-039-096	pc	1/2" PVC pipe, thin	100	65.00	6,500.00
CMT-029-380	pc	1/2" PVC short elbow, orange	20	12.00	240.00
ELS-039-223	pc	1" RSC clamp with double screw and tox	50	45.00	2,250.00
ELS-039-224	pc	1" RSC clamp with single screw and tox	50	40.00	2,000.00
ELS-039-225	pc	3/4" RSC clamp with double screw and tox	50	40.00	2,000.00
ELS-039-226	pc	3/4" RSC clamp with single screw and tox	50	35.00	1,750.00
ELS-039-227	pc	1/2" RSC clamp with double screw and tox	30	30.00	900.00
				Total	**22,250.00**

(Total Amount in Words): **Twenty-Two Thousand Two Hundred Fifty Pesos Only**

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s.

Conforme:

MARISSA ANDRES
Signature over Printed Name of Supplier

08-02-21
Date

Very truly yours,

SHIRLEY C. AGRUPIS
President
Mariano Marcos State University
AUTHORITY OF THE PRESIDENT

PRIMA PE R. PANCO
Vice President for Academic Affairs

Fund Cluster : 01101101

Funds Available : _____

IMELDA C. CORPUZ
Chief, Accounting Office

ORS/BURS No. : _____

Date of the ORS/BURS: _____

Amount : _____