

**PURCHASE ORDER**  
**MARIANO MARCOS STATE UNIVERSITY**  
 City of Batac 2906 Ilocos Norte



Supplier : <b>MONG DING CONSTRUCTION SUPPLY</b> Address : Laoag City TIN : 006-196-630-0001	P.O. No. : 07308603-2021-07-440 Date : July 12, 2021 Mode of Procurement: NP-Small Value
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Gentlemen: PR No. 2021-06-096 (07308603) - SRA Project  
 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 30 calendar days upon receipt of P.O.	Delivery Term : FOB Destination Payment Term : N/30
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Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
ELS-039-081	unit	Safety breaker KSB-S 2P 30A	3	650.00	1,950.00
HCS-067-061	pc	PPR union 1"dia, plastic joint	15	75.00	1,125.00
CMT-029-382	gal	Metal primer, red oxide, Davies	2	377.00	754.00
CMT-029-383	gal	Paint, silver gray	1	500.00	500.00
HCS-068-062	pc	Gate valve 1"dia, bronze	16	480.00	7,680.00
CMT-029-384	bx	Welding rod, 6013 3/32, 20kg	2	1,980.00	3,960.00
CMT-029-211	pc	Grinding disc, 4"dia	55	45.00	2,475.00
ELS-039-202	bx	THHN wire, 3.5mm, 150m, Phepdodge	1	4,000.00	4,000.00
CMT-029-387	pc	GI elbow, 1/2"dia, sched 40	15	40.00	600.00
HCS-067-064	pc	GI bell reducer, 1"-1/2"dia, sched 40	8	95.00	760.00
HCS-067-065	pc	GI tee 1", sched 40	5	95.00	475.00
CMT-029-206	pc	GI pipe 1/2", sched 40	2	550.00	1,100.00
CMT-029-147	pc	Teflon tape, big	44	25.00	1,100.00
				<b>Total</b>	<b>26,479.00</b>

**(Total Amount in Words):** **Twenty-Six Thousand Four Hundred Seventy-Nine Pesos Only**

In case of failure to make the full delivery within the time specified above, a penalty of one percent (1%) of the amount of the purchase order shall be imposed on the undelivered item/s.

Conforme: \_\_\_\_\_  
 Signature over Printed Name of Supplier

07/20/21  
 Date

Very truly yours,  
 PRIMA FER. FRANCO  
 Vice President for Academic Affairs  
 SHIRLEY C. AGRUPIS  
 President

Fund Cluster : <b>07308603</b> Funds Available : _____ _____ MELDA C. CORPUZ Chief, Accounting Office	ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____
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