

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

Supplier : <b>JCP CONSTRUCTION SUPPLY</b> Address : Batac City TIN : 278-617-021-0000	P.O. No. : <u>05206441-2021-11-473</u> Date : November 24, 2021 Mode of Procurement : <u>NP- Small Value</u>
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Gentlemen: PR No.: 2021-09-265 (05206441) CBEA-A Abrojena  
 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 : <u>within 30 calendar days upon receipt of PO</u>	Delivery Term : FOB Destination Payment Term : <u>N/30</u>
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Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
CMT-029-600	Pcs	No more Nails	10	95.00	950.00
CMT-029-601	pack	Tie Lock, 8"	2	70.00	140.00
CMT-029-602	Pcs	PVC, 1", thin	80	110.00	8,800.00
CMT-029-603	Pcs	PVC, 1/2, thin	50	67.00	3,350.00
CMT-029-604	Pcs	Tox & Screw, 1" (for wood)	100	3.50	350.00
CMT-029-605	Pcs	Tox & Screw, 1/2" (for wood)	100	3.50	350.00
CMT-029-606	Pcs	Elbow, 1/2	100	18.00	1,800.00
CMT-029-607	Pcs	Junction Box	15	44.00	660.00
				<b>TOTAL</b>	<b>16,400.00</b>

**(Total Amount in Words) Sixteen Thousand Four Hundred 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.

Mariano Marcos State University  
 BY AUTHORITY OF THE PRESIDENT

Conforme:  <div style="text-align: center;">                       _____                      Signature over Printed Name of Supplier                       _____                      Date                 </div>	Very truly yours,  <div style="text-align: center;">                       _____                      SHIRLEY C. AGRUPIS                      Vice President for Academic Affairs                      President                 </div>
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Fund Cluster : 05206441 Funds Available : _____  <div style="text-align: center;">                       _____                      IMELDA C. CORPUZ                      Chief, Accounting Office                 </div>	ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____
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