

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



Supplier : SCIGATE TECHNOLOGY CORP. Address : San Juan City TIN : 007-428-191-000	P.O. No. : 07308603-2022-02-085 Date : February 12, 2022 Mode of Procurement: Public Bidding
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Gentlemen:
 Please furnish this Office the following articles subject to the terms and conditions contained herein:
 PR No. 2021-08-142 (07308603) - Biology/D.Domingo

Place of Delivery : MMSU, City of Batac Date of Delivery : Within 90 calendar days upon receipt of NTP	Delivery Term : FOB Destination Payment Term : N/30
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Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
25	set	Powerlab Animal Teaching System, ADInstruments Includes: 1. 1 unit PowerLab 15T 2. 1 unit Nerve & Muscle Kit III The System includes: •Teaching Force Transducer (0-500mg) •Animal Nerve Stimulating Electrode •Nerve Chamber •Differential Pod Input Cables (2) •Shielded Lead Wires (5 Micro-Hooks, 25cm) • Needle Electrodes (5) 29 gauge •Muscle Holder •Manipulator with Stand 3. 1 unit Pulse Tranducer 4. 1 unit Stimulating Bar Electrocode 5. 1 unit 5 Lead Shielded Bio Amp Cable 6. 1 set Shielded Lead wires (5) 7. 1 unit Lt Labstation with One Year Lt Online Licenses for 25 students 8. 1 unit Branded laptop with AVR Processor: 11th Generation, i7 Memory: 4GB, DDR4 Storage: 256 Solid State Drive Display: 15.6" Ports: USB, Headset jack, HDMI Wireless: 80211ac wifi & bluetooth OS: Windows 10 Home <i>*with free demonstration training</i>	1	1,500,000.00	1,500,000.00

(Total Amount in Words): One Million Five Hundred Thousand Pesos Only

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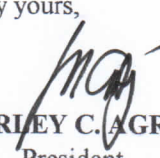
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s.

Conforme: _____

Signature over Printed Name of Supplier

Date

Very truly yours,


SHIRLEY C. AGRUPIS
 President

Fund Cluster : 07308603 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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