

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

MARIANO MARCOS STATE UNIVERSITY

 NV687621

Supplier : ONE O.SIVE DEPARTMENT STORE	P.O. No. : 05206441-2021-12-551
Address : Laoag City	Date : December 31, 2021
TIN : 003-991-372-0000	Mode of Procurement : NP- Small Value

Gentlemen: PR No.: 2021-09-268 (05206441) CIT. C. Pacis
 Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : Laoag City	Delivery Term : Pick-up
Date of Delivery : within 30 calendar days upon receipt of PO	Payment Term : N/30

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	set	Measuring cup, Plastic (for solid)	1	72.00	72.00
	set	Measuring cup, Glass (for liquid)	2	90.00	180.00
	set	Measuring spoon, Plastic	2	55.00	110.00
	set	Measuring spoon, Stainless	2	135.00	270.00
	pc	Pie pan, Stainless, 8"	2	95.00	190.00
	set	Grater, STLS	6	75.00	450.00
	set	Mixing bowls, Stainless (6pc/set)	2	175.00	350.00
	set	Wire whisk, Chrome coated, stainless	2	145.00	290.00
	pc	Muffin pan, Stainless, Medium	6	208.00	1,248.00
	pc	Muffin pan, Stainless, Large	6	364.00	2,184.00
	pc	Loaf Pan, Stainless, Small	6	53.00	318.00
	pc	Loaf Pan, Stainless, Medium	6	58.00	348.00
	pc	Loaf Pan, Stainless, Large	6	103.00	618.00
	pc	Round Pan, 8" Stainless	4	82.00	328.00
	pc	Round Pan, 10" Aluminum	4	100.00	400.00
	pc	Flour sifter, Stainless (round)	6	203.00	1,218.00
				TOTAL	8,574.00

(Total Amount in Words) Eight Thousand Five Hundred Seventy Four 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:

 Signature over Printed Name of Supplier

 Date

Very truly yours,

SHIRLEY C. AGRUPIS
 President

Mariano Marcos State University
 OFFICE OF THE PRESIDENT

PRIMA F. R. FRANCO
 Vice President for Academic Affairs

Fund Cluster : **05206441**

Funds Available : _____

IMELDA C. CORPUZ
 Chief, Accounting Office

ORS/BURS No. : _____

Date of the ORS/BURS: _____

Amount : _____