

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



Supplier : ST. RUIZ AGRO FARM SUPPLY AND GENERAL MERCHANDISE Address : Laoag City TIN : 153-311-508-000	P.O. No. : 07308603-2022-08-480 Date : August 02, 2022 Mode of Procurement : NP-Small Value
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Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:	PR No.: 2022-05-105(07308603)- PCC
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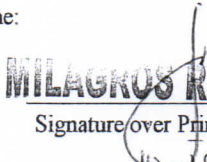
Place of Delivery : MMSU, City of Batac Date of Delivery : within 30 calendar days upon receipt of P.O.	Delivery Term : FOB Destination Payment Term : N/30
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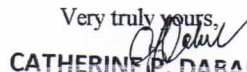
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
VPS-162-027	bot	ALBENDAZOLE, impregon, 1 lit	10	2,000.00	20,000.00
VPS-162-002	bot	IVERMECTIN, 100ml	100	290.00	29,000.00
VPS-162-017	box	NEEDLE, DISPOSABLE, Ga18, 1-1/2,100s	20	500.00	10,000.00
VPS-162-040	pc	STEEL SYRINGE, automatic, plastic, 10 ml	6	600.00	3,600.00
VPS-162-025	bx	SYRINGE, DISPOSABLE, 10ml, 100s	23	1,000.00	23,000.00
VPS-162-010	bot	VITAMIN ADE, 100 ml, Generic	130	450.00	58,500.00
VPS-162-012	bot	BETADINE, 120ml	10	100.00	1,000.00
VPS-162-001	bot	DCM, 100 ml	10	250.00	2,500.00
VPS-162-017	box	NEEDLE, disposable 18 g 1-1/2 inch, 100s	2	500.00	1,000.00
LSE-087-372	box	VACUTAINER TUBE , plain, 100s/box	1	1,100.00	1,100.00
LSE-087-373	box	VACUTAINER TUBE with EDTA, 100s/box	1	1,100.00	1,100.00
VPS-162-022	vial	VITAMIN ADE, 10 ml, Viton	50	150.00	7,500.00
TOTAL					158,300.00

(Total Amount in Words): One Hundred Fifty Eight Thousand Three 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.

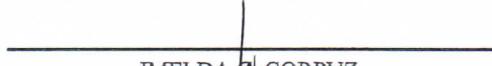
Conforme:


MILAGROS R. GALVEZ
 Signature over Printed Name of Supplier
10-19-2022
 Date

Very truly yours,

CATHERINE P. DABALOS
 OIC - Center Director

Fund Cluster : 07308603

Funds Available : _____


IMELDA CORPUZ
 Chief, Accounting Office

ORS/BURS No. : _____

Date of the ORS/BURS: _____

Amount : _____