PURCHASE ORDER MARIANO MARCOS STATE UNIVERSITY

City of Batac 2906 Ilocos Norte

Please furnish this Office the following articles subject to the terms and conditions contained herein:

Supplier: BACNAT FURNITURE SHOP

Address: City of Batac

TIN: 941-948-361-0000

Gentlemen:



P.O. No.: 05206441-2022-08-432

Mode of Procurement : NP- Small Value

PR No.: 2022-07-221 (05206441) Business / L. Bayangos

Date: August 31, 2022

Place of Delivery: MMSU, City of Batac		Delivery Term : FOB Destination		
Date of Delivery : within 90 calendar days upon receipt of PO Stock/		Payment Term : N/30		
Unit	Description	Quantity	Unit Cost	Amount
piece	Dining Table with Metal Frame (Pls. see attached picture for the specs)	201	4,950.00	99,000.00
piece	Bar Table for Side Dining (Pls. see attached picture for the specs)	28	3,950.00	110,600.00
piece	AUXILLIARY HANGING CABINET (see attached specs from Accomodation)	12	8,800.00	105,600.00
piece	AUXILLIARY CABINET (see attached specs from Accomodation)	12	11,400.00	136,800.00
piece	MOVABLE COUNTER TABLE, 3/4 plyboard, mahogany frame, granite finish on top and side/polyurethane top coat, w/vulcaster	3\	18,000.00	54,000.00
piece	MOVABLE CABINET/DIVIDER, mahogany wood frame, 3/4 plyboard body type	`3 /	11,900.00	35,700.00
			TOTAL	541,700.00
Words)	Five Hundred Forty One Thousand Seven Hu	undred Pesos Or		212,100,00
In case of failure to make the full delivery within the time specified above, a penalty of e imposed on the undelivered item/s. Conforme: Local EDISOLI BACHAT Signature over Printed Name of Supplier OP - 13, - 20 22 Spacest Date		Very truly yours,		
und Cluster : 05206441 unds Available :		ORS/BURS No. : Date of the ORS/BURS:		
	IMELDA C CORPUZ Chief, Accounting Office	Amount:		
	within 90 cal Unit piece piece piece piece piece piece piece piece piece Official and the fidelivered item Compare of the piece of the p	Unit Description Dining Table with Metal Frame (Pls. see attached picture for the specs) piece Bar Table for Side Dining (Pls. see attached picture for the specs) piece AUXILLIARY HANGING CABINET (see attached specs from Accomodation) piece AUXILLIARY CABINET (see attached specs from Accomodation) piece MOVABLE COUNTER TABLE, 3/4 plyboard, mahogany frame, granite finish on top and side/polyurethane top coat, w/vulcaster piece MOVABLE CABINET/DIVIDER, mahogany wood frame, 3/4 plyboard body type Words) Five Hundred Forty One Thousand Seven H to make the full delivery within the time specified above, a penalty of delivered item/s. LEDISOH BECHET Signature over Printed Name of Supplier CHOSALE CORPUZ	within 90 calendar days upon receipt of PO Unit Description Quantity piece Dining Table with Metal Frame (Pls. see attached picture for the specs) piece Bar Table for Side Dining (Pls. see attached picture for the specs) piece AUXILLIARY HANGING CABINET (see attached specs from Accomodation) piece AUXILLIARY CABINET (see attached specs from Accomodation) piece MOVABLE COUNTER TABLE, 3/4 plyboard, mahogany frame, granite finish on top and side/polyurethane top coat, w/ vulcaster piece MOVABLE CABINET/DIVIDER, mahogany wood frame, 3/4 plyboard body type Words) Five Hundred Forty One Thousand Seven Hundred Pesos On to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of delivered item/s. User Indicate Counter Count	Unit Description Quantity Unit Cost piece Dining Table with Metal Frame (Pls. see attached picture for the specs) piece Bar Table for Side Dining (Pls. see attached picture for the specs) piece AUXILLIARY HANGING CABINET (see attached specs from Accomodation) piece AUXILLIARY CABINET (see attached specs from Accomodation) piece MOVABLE COUNTER TABLE, 3/4 plyboard, mahogany frame, granite finish on top and side/polyurethane top coat, w/ vulcaster piece MOVABLE CABINET/DIVIDER, mahogany wood frame, 3/4 plyboard body type MOVABLE CABINET/DIVIDER, and 11,900.00 Five Hundred Forty One Thousand Seven Hundred Pesos Only to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for except term/s. Signature over Printed Name of Supplier ORS/BURS No.: Date ORS/BURS No.: Date of the ORS/BURS: Amount: