



## PURCHASE ORDER

# MARIANO MARCOS STATE UNIVERSITY

City of Batac 2906 Ilocos Norte

Supplier : <b>STY BATAc AGRO INDUSTRIAL TRADING</b> Address : City of Batac TIN : 133-423-262-0000	P.O. No. : 07308603-2022-12-873 Date : December 27, 2022 Mode of Procurement: NP-Small Value
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Gentlemen: PR No. 2022-10-204 (07308603) - NICER 3/M. Duldulao  
 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 : Within 10 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
FER-045-025	bag	Fertilizer, Ammonium Sulfate (21-0-0), 50kg/bag	5	1,160.00	5,800.00
FER-045-003	bag	Fertilizer, Complete (14-14-14), 50kg/bag	10	2,370.00	23,700.00
FER-045-027	bottle	Carrageenan Plant Growth Promoter, 1li/btl	15	340.00	5,100.00
AGC-002-039	box	Insecticide, Lannate, 40SP, 425g/box	5	920.00	4,600.00
AGC-002-028	bottle	Non-selective herbicide a.i. glyphosate, 500ml/btl	6	300.00	1,800.00
<b>Total</b>					<b>41,000.00</b>

**(Total Amount in Words):** Forty-One Thousand 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:  <div style="text-align: center;"> <hr style="width: 80%; margin: 0 auto;"/> <b>Kenneth Coloma</b>            Signature over Printed Name of Supplier   <hr style="width: 80%; margin: 0 auto;"/> <b>1-4-2023</b>            Date         </div>	<div style="text-align: right;"> <p>Mariano Marcos State University            AUTHORITY OF THE PRESIDENT</p> <p>Very truly yours,    <b>PRIMA FER. FRANCO</b>            Vice President for Academic Affairs  <b>SHIRLEY C. AGRUPIS</b>            President</p> </div>
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Fund Cluster : 07308603 Funds Available : _____  <div style="text-align: center;"> <hr style="width: 80%; margin: 0 auto;"/> <b>IMELDA C. GORPUZ</b>            Chief, Accounting Office         </div>	ORS/BURS No. : _____ Date of the ORS/BURS: _____ Amount : _____
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