

(+63 85) 818-5583 +63 917 148 0063 URL: http://csucc.edu.ph Email Address: chancellorsoffice@csucc.edu.ph



Supplier:	LG SUPPLIES & GEN. MDSE			P. O. No. Date:	RAF-101-2024-06-8	34	
	Butuan City	Butuan City			7/31/2024		
TIN:				Mode of Procu	rement:	NP-SVP	
Gentlemen:							
Please furnish this Office the following articles subject to the terms and conditions contained herein:							
Place of De	ce of Delivery: CSU Cabadbaran City Delivery Term:					F.O.B. Destination	
Date of De			45 days upon received PO	Payment Term		within 60 days upon	
Stock No.	Unit		Description	Quantity	Unit Cost	Total Cost	
			ipply and Delivery of Semi-Expendable ICT Equipment				
		DESKT	OP MONITOR, 32 inch Curved Monitor				
	unit	OFFER	. VIEWDI IIC	8	12,000.00	96,000.00	
			: VIEWPLUS				
		INKJET,	3-in-1 PRINT, SCAN, COPY				
	UNIT	OFFE	: EPSON L3210	2	11,000.00	22,000.00	
		OFFER	. EFSON L3210				
		XXXXXXX	XXXXXXXNOTHING FOLLOWSXXXXXXXXXXX				
	<b> </b>			<del> </del>			
			Le La L			A	
					<del> </del>		
				<u> </u>			
				<del> </del>			
	-			<del> </del>	-		
				<del> </del>		<del></del>	
				-			
	<b></b>						
	<b> </b>		· · · · · · · · · · · · · · · · · · ·	<del> </del>			
	<del> </del>		2	<u> </u>	<del> </del>		
		A					
		ONE	HUNDRED EIGHTEEN PESOS ONLY		TOTAL	118,000.00	
		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		
everyday o	f delay shall be			10 (0.10)	or one percent to		
Conforme:				Very truly your	'S		
Conforme: OPERATION MANAGER							
09264126559 LG SUPPLIES & GEN. MDSE Date: 13 AUG 2024 DEGMILA B. MAMAGAG, PhD							
(S	Signature Over Pr		GAN CONTRACTOR OF THE CONTRACT	2 <u> </u>	Campus Direc		
(0	(Signature Over Britted Name of Supplier) Campus Director						
	(Date)						
As provided for in Sec. 62.1 of the IRR-A of RA 9184, I/We conform to the three (3) rriorths							
warranty in case of supplies and one (1) year warranty in the case of equipment							
from the date the goods are completely delivered							
I ale date	The state of the s						
(Signature Over Printed Name of Supplier/Duly Authorized Representative)							
All a l							
Eural Ol	44.00		——————————————————————————————————————	IODE/BUDG N	0: 10-24-0	x - 1145	
Fund Clus	ster:		ARI FAIR D. CALLED	ORS/BURS N			
			ARLENE D. GALES, CPA	Date of the OF		7, mm	
Funds Ava	aliable:		Signature over Printed Name of Chief Accountant/	Amount:	118,000.00		
l .			Head of Accounting Division/Unit	1			