

PURCHASE ORDER

CARAGA STATE UNIVERSITY
Cabadbaran Campus
City of Cabadbaran, Agusan del Norte



Supplier:	GM SUPREME NON-SPECIALIZED WHOLE SALE TRADING			P. O. No.	RAF-101-2024	
Address:	Butuan City			Date:	July 30, 2024 rocurement:	NP-SVP
TIN:				mode of P	rocurement.	NF-3VF
Gentleme						
	Please furnish t	his Office the	e following articles subject to the terms and conditions contained herein	ı :		
Place of Delivery: Pick up Date of Delivery: 30 days		Pick up fr			Term:	
		30 days u	upon receive PO		Term:	within 60 days upon
Stock		Т		Г	I	complete delivery
No.	Unit	1	Description	Quantity	Unit Cost	Total Cost
	lot	SUPPL	Y AND DELIVERY OF SEMI EXPENDABLE FURNITURE AND FIXTURE	1		-
	pieces		ABLE, CUSTOMIZED L-SHAPE TABLE 1.375 x .687m x OLOR GRAY	1	10,000.00	10,000.00
	pieces	UPPER PA	HAIR, HIGHBACK OFFICE CHAIR W/ MESH FABRIC ON ART AND POLYESTER ON LOWER PART PLUS GASLIFT AND (ITEM OFFER: UT-C300)	3	7,500.00	22,500.00
	pieces		ABLE, JIT-F48 OFFICE TABLE WITH 4 DRAWERS AND LOCK ON: W120cm x D58cm x H75cm (WENGE / DARK GREY)	1	10,000.00	10,000.00
	pieces	Wooden I	/E OFFICE TABLE, WOODEN OFFICE TABLE, Material Finishing Polished Height 3 Feet Length 150-180cm Table s 3-4mm Weight 15-20kg.	2	15,000.00	30,000.00
		1 %	***********nothing follows***********			
						
	100					
		-				
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					,	
Seventy Two Thousand Five Hundred Pesos Only.					Total	72,500.00
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 of delay shall be imposed.						
Conforme:			ghotes	Very truly	vours,	-
GM SUPREME NON, SPECIALIZED WHOLE SALE TRADING (Signature Over Printed Name of Supplier)						GÚIL, Ph.D resident
(Daté) As provided for in Sec. 62.1 of the IRR-A of RA 9184, I/We conform to the three (3) months warranty in case of supplies and one (1) year warranty in the case of equipment from the date the goods are completely delivered						
(Signature Over Printed Name of Supplier/Duly Authorized Representative)						14 - 08 - 1114.
Funds Available:			ARLENE D. GALES, CPA Signature over Printed Name of Chief Accountant/ Head of Accounting Division/Unit	Date of the ORS/BURS: 19, 20,500.00		
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