PURCHASE ORDER
CENTRAL MINDANAO UNIVERSITY

Supplier: MARCY'S CORPORATION Address: Poblacion, Valencia City TIN:	PO No: **SV-TF-430** Date: 30-Oct-20 Mode of Procurement: SMALL VALUE

Gentleman:

Please furnish this office the following articles subject to the terms and conditions countained herein.

Place of Delivery: _____ Delivery Term: _____
Date of Delivery: _____ Payment Term: _____

ITEM NO	UNIT	DESCRIPTION	QUANTITY	UNIT COST	AMOUNT
1	set	BP Apparatus with stethoscope	5	3,000.00	15,000.00
2	unit	Training/Teaching Stethoscope	2	7,500.00	15,000.00
3	unit	Linen Trolley, Hospital Use, Stainless with hamper	2	10,000.00	20,000.00
4	box	3 layer Surgical Mask	40	960.00	38,400.00
5	piece	KN95 Mask	640	180.00	115,200.00
6	set	Medical Disposable Protective Cover-alls Suit	25	1,094.00	27,350.00
7	bottle	Hand Sanitizer, 1 Liter	10	275.00	2,750.00
8	box	Surgical Gloves, Sterile, latex, 6.0 size	20	419.00	8,380.00
9	box	Surgical Gloves, Sterile, latex, 6.5 size	30	419.00	12,570.00
10	box	Surgical Gloves, Sterile, latex, 7.0 size	30	419.00	12,570.00
11	box	Surgical Gloves, Sterile, latex, 7.5 size	10	419.00	4,190.00
12	box	Surgical Gloves, Sterile, latex, 8.0 size	10	419.00	4,190.00
13	unit	Thermo Gun (Thermometer)	6	3,500.00	21,000.00
14	piece	Medical Quality Protection Goggles	15	215.00	3,225.00
Reference: THERESA LINDA N. PAINAGAN					**299,825.00**

Two Hundred Ninety Nine Thousand Eight Hundred Twenty Five Pesos and No Cents

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.

Conforme:

Marlyn Beron
Signature over Printed Name of Supplier

11-13-20
Date

Very truly yours,

JESUS ANTONIO G. DERIJE
President

Fund Cluster: _____ Funds Available: _____ **MARIA JAMELLAH CELESTE M. MAGALONA** Chief, Accounting Unit	ORS/BURS No.: _____ Date of the ORS/BURS: _____ Amount: P 299,825.00