

PURCHASE ORDER
CENTRAL MINDANAO UNIVERSITY

Supplier: GAMOT REPUBLIK DRUGSTORE Address: Valenca City, Bukidnon TIN:	PO No: STF-22-SV-318 Date: 5/2/2022 Mode of Pr SMALL VALUE
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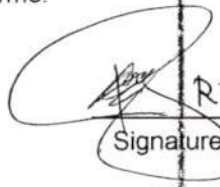
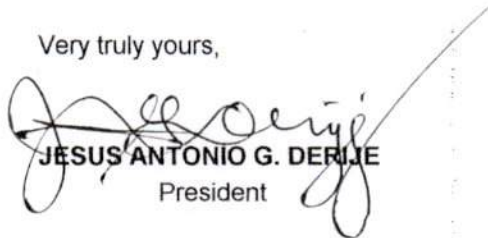
Gentleman/Madam:
Please furnish this office the following articles subject to the terms and conditions contained herein.


Place of Delivery: CMU-Supply Office, Musuan, Bukidnon	Delivery Term: Within Thirty (30) working days from the receipt by the supplies of Notice to Proceed (NTP)
Date of Delivery: _____	Payment Term: _____

ITEM NO	UNIT	DESCRIPTION	QUANTITY	UNIT COST	AMOUNT
1	pcs	Suture, Chromic 2.0	120	60.00	7,200.00
2	pcs	Suture, Silk 3.0	120	60.00	7,200.00
3	pcs	Suture, Silk 2.0	120	60.00	7,200.00
4	box	Surgical Gloves, 6.0	5	800.00	4,000.00
5	box	Surgical Gloves, 6.5	5	800.00	4,000.00
6	box	Surgical Gloves, 7.0	5	800.00	4,000.00
7	box	Surgical Gloves, 7.5	5	800.00	4,000.00
8	box	Syringe 1ml	3	845.00	2,535.00
9	box	Syringe 3ml	5	845.00	4,225.00
10	box	Syringe 5ml	3	845.00	2,535.00
11	box	Syringe 10ml	3	845.00	2,535.00
12	pcs	Tuberculin Syringe	100	7.95	795.00
13	box	Urine Collector	3	740.00	2,220.00
					52,445.00

Reference: JENNELYN JOY C TIZUELA
Fifty Two Thousand Four Hundred Forty 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:  ROBERT NG Signature over Printed Name of Supplier Date <u>5-6-2022</u>	Very truly yours,  JESUS ANTONIO G. DERIJE President
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Fund Cluster: _____ Funds Available: _____ <div style="text-align: center;">  ARWENG C. RUBIO ac 5/13/22 MARIA JAMELLAH CELESTE M. MAGALONA Chief, Accounting Unit </div>	ORS/BURS No.: _____ Date of the ORS/BURS: _____ Amount: ₱ <u>52,445.00</u>
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