



Republic of the Philippines
CAMARINES SUR POLYTECHNIC COLLEGES
 Nabua, Camarines Sur

COMMISSION ON AUDIT
 OSPO - NABUA
RECEIVED
 BY: [Signature] TIME: 2:45
 DATE: 5/21/18 LOG. NO. 149

RECEIVED
 OFFICE OF THE CHIEF ACCOUNTANT
 Camarines Sur Polytechnic Colleges
 Date: _____
 Received by: _____

CSPC-F-PROC-27

PURCHASE ORDER

Supplier: **NEW ONGTO EXPRESSMART INC.**
 Address: **Highway 1, San Miguel, Iriga City**
 TIN : **009-937-435-000**

P.O. No. : **2018-05-0150**
 Date : **05-11-18**
 Mode of Procurement: **Negotiated-53.9**
Small Value Procurement

Gentlemen:
 Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: **CSPC, Supply and Property Office**
 Date of Delivery : **15 days after the receipt of Purchase Order**

Delivery Term: **15 days**
 Payment Term: **Upon delivery and inspection**

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
For Flower Icing					
1	pcs	Egg White (M) price is per dozen	60	105.35	526.75
2	kilo	Confectioner (Sugar)	16	44.15	706.40
3	packs	Food Color Cream Type (blue, yellow, red) MC Food 20ml	5	33.20	166.00
For Boiled Icing					
4	pcs	Egg White (M) price is per dozen	64	105.35	561.52
5	kilo	Sugar (Refined)	8	55.10	440.80
6	packs	Cream of Tartar	3	46.60	139.80

- Procurement of Ingredients and Materials for Cake Icing under Bread and Pastry Processing for Trainees and Trainer -

(Total Amount in Word) *Two Thousand Five Hundred Forty-One Pesos & 27/100* **₱ 2,541.27**

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 :

Very truly yours,

[Signature]
NEW ONGTO EXPRESSMART INC.
 Signature over Printed Name of Supplier

[Signature]
DR. DULCE F. ATIAN
 Signature over Printed Name of Authorized Official

5/16/18
 Date

SUC President II
 Designation

Fund Cluster : _____
 Funds Available : _____

[Signature]
ATTY. HAZEL V. PAGUIO
 Signature over Printed Name of Chief Accountant/
 Head of Accounting Division/Unit

ORS/BURS No. : _____
 Date of the ORS/BURS: _____
 Amount : _____

MAY 11 2018