

## PURCHASE ORDER

Supplier: **S.F CASTRO ARTS & FRAMES**  
 Address: **#932 Panganiban Drive, Dinaga, Naga City**  
 TIN : **114-080-369-000**

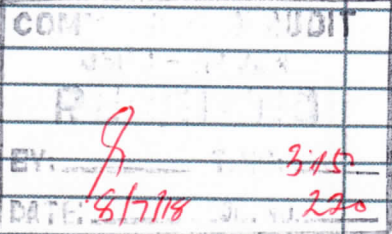
P.O. No. : **2018-06-0184a**  
 Date : **06-8-18**  
 Mode of Procurement: **Negotiated-53.9**  
**Small Value Procurement**

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 (FOB Destination)**  
 Payment Term: **Upon delivery and inspection**

| Stock/<br>Property No. | Unit | Description            | Quantity | Unit Cost | Amount   |
|------------------------|------|------------------------|----------|-----------|----------|
| 1                      | pcs  | Plaque of Appreciation | 2        | 3,500.00  | 7,000.00 |
|                        |      |                        |          |           |          |
|                        |      |                        |          |           |          |
|                        |      |                        |          |           |          |
|                        |      |                        |          |           |          |
|                        |      |                        |          |           |          |
|                        |      |                        |          |           |          |
|                        |      |                        |          |           |          |
|                        |      |                        |          |           |          |



- Procurement of Plaque of Appreciation for Nursing and Midwifery Placers -

(Total Amount in Word) **Seven Thousand Pesos Only** **₱ 7,000.00**

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 every day of delay shall be imposed on the undelivered item/s.

Conforme :

**S.F CASTRO ARTS & FRAMES**  
 Signature over Printed Name of Supplier  
 \_\_\_\_\_  
 8/2/18  
 Date

Very truly yours,  
  
**DR. DULCE F. ATIAN**  
 Signature over Printed Name of Authorized Official  
 \_\_\_\_\_  
 SUC President II  
 Designation

Fund Cluster : \_\_\_\_\_  
 Funds Available : \_\_\_\_\_

**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 : \_\_\_\_\_