Republic of the Philippines
CARAGA STATE UNIVERSITY
CABADBARAN CITY
T. Curato Street, Cabadbaran City 8605, Agusan del Norte

Competence Service Uprightness

(+63 85) 818-5583
+63 917 148 0063
URL: http//csucc.edu.ph
Email Address: chancellorsoffice@csucc.edu.ph

PURCHASE ORDER

Supplier: BIG ARC CONSTRUCTION
Address: CABADBARAN CITY
TIN: _____

P. O. No. 001-2023-01-022
Date: JANUARY 23,2023
Mode of Procurement: SVP

Gentlemen:

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

Place of Delivery: CSU Cabadbaran City
Date of Delivery: 30 Calendar days opun received p.o

Delivery Term: F.O.B. Destination
Payment Term: within 60 days upon complete delivery

Stock No.	Unit	Description	Quantity	Unit Cost	Total Cost
	LOT	**1 LOT REPAIR OF CSUCC SWIMMING POOL COMFORT ROOMS**	1	720,738.12	720,738.12
		SPL-1 REPAIR OF COMFORT ROOMS PLUMBING FITTINGS AND FIXTURES			-
		SPL-2 REPAINTING WORKS			-
		SPL-3 REPAIR OF CEILING			-
		SPL-4 REPAIR OF COMFORT ROOM CUBICLE DOORS			-
		SPL-5 INSTALLATION OF TILES			-
		SPL-6 REPAIR OF ROOF			-
		SPL-7 CONSTRUCTION OF COMFORT ROOM SINK			-
		SPL-8 SWIMMING POOL STARTING BLOCK			-
		**********Nothing Follows**********			
ONE-HUNDRED NINE THOUSAND THREE-HUNDRED SEVENTY-NINE PESOS ONLY				**TOTAL**	**720,738.12**

OFFICE OF THE AUDITOR
RECEIVED
DATE: 03 MAY 2023
TIME: 10:01 AM
BY:
CSU CARAGA STATE UNIVERSITY

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:

BIG ARC CONSTRUCTION
(Signature Over Printed Name of Supplier)
MAY 03, 2023
(Date)

Very truly yours,

DEOMILA A. BASNIG, PhD.
OIC Chancellor

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)

Fund Cluster:	**ARLENE D. GALES, CPA**	ORS/BURS No. : _____
Funds Available:	Signature over Printed Name of Chief Accountant/ Head of Accounting Division/Unit	Date of the ORS/BURS: _____ Amount: 720,738.12