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

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+63 917 148 0063
URL: http//csucc.edu.ph
Email Address: chancellorsoffice@csucc.edu.ph

Competence Service Uprightness

PURCHASE ORDER

Supplier: MAMA CELIA'S HOUSE
Address: Magallanes Agusan Del Norte
TIN: _____

P. O. No. 002-2023-07-305
Date: July 14,2023
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: JULY 31, 2023

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

Stock No.	Unit	Description	Quantity	Unit Cost	Total Cost
		PROVISION OF CATERING SERVICES FOR PROCUREMENT PLANNING FOR FY 2024 ON JULY 31, 2023			-
				-	-
	pax	**AM SNACKS**	**104**	100.00	10,400.00
		Egg Sandwich with Chips		-	-
		Lemonade		-	-
	pax	**LUNCH (Buffet)**	**104**	300.00	31,200.00
		Steam Rice		-	-
		Sweet and Sour Pork		-	-
		Buttered Chicken		-	-
		Four Seasons Vegetables		-	-
		Tapioca Salad		-	-
		Soft Drinks		-	-
	pax	**PM SNACKS**	**104**	100.00	10,400.00
		Carbonara with bread		-	-
		Ice Tea		-	-
				-	-
	day	**Venue Rental-whole day good for 104 pax**		-	-
				-	-
	pax	**Coffee/Milo and Condiments(Nuts, chips and candy per table)**		2,000.00	2,000.00
				-	-
		**********nothing follows**********		-	-
					-
					-
					-
		FIFTY FOUR THOUSAND PESOS ONLY		**TOTAL**	**54,000.00**

RECEIVED
DATE: 20 JUL 2023
TIME: 11:34 AM

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:

MAMA CELIA'S HOUSE
(Signature Over Printed Name of Supplier)
7-19-23
(Date)

Very truly yours,

DEOMILA A. BASNIG, PhD
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: 54,000.00