PURCHASE ORDER

Camarines Norte State College

Entity Name

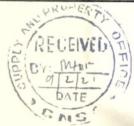
TIN: 102-703-972 Gentlemen:			Date Septemb	P.O. No.: 2021-09-0372 Date: September 29, 2021 Mode of Procurement: Small Value Procurement			
		fice the following articles subject to the ter	ms and conditions co	ontained herein:			
Date of Delivery .	CNSC-DAE	II-II- 4	Delivery Term Payment Term		ition		
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount		
2 3	Bottles Box	Alcohol 500ml Adhesive Bandages	10 1	115.00 135.00	1,150.00 135.00		
	Tabs	Celestamine	100	19 00	1,900.00		
					1		
		At the Contract of					
Three Thous	and One Hund	dred Eighty Five Pesos Only			3,185.00		
In case of fail day of delay shall	ure to make the	ne full delivery within the time specified ab in the undelivered item/s.	ove, a penalty of one	e-tenth (1/10) of one			
Conforme.	7	291M	Very truly yours	RLO M. DE LA C	TRUZ, PECE		
	Signature ove	er Printed Name of Supplier (U- 비- 각 Date	Signature ove	r Printed Name of A <u>College Preside</u> Designation	Authorized Official		
Fund Cluster : 05 Funds Available :		IALLY GENERATED FUND	1	S No. :			
	Signature over	MADELON B. LEE, CPA 10 14 10 17 Printed Name of Chief Accountant/Head Accounting Division/Unit	of				
	Bre to	O321 REUEI O305 BYETTI	VELYE PR	RECEIV	Er-		
		DATE	0 08	Appare D	ATE3TA		

PURCHASE ORDER

Camarines Norte State College

Entity Name

ipplier: CABRE	ERA'S DRUGS	STORE & MEDICAL			
ddress: Bagasbas Road Daet, Camarines Norte		P.O. No.: 2021-08-0320			
IN: 102-703-972			Date : August 24, 2021		
			Mode of Procurement : Small Value Procurement		
Please furnish this Office the following articles subject to the terms and			or riocarc	ment . Small Value	Procurement
i rease i	iditiish this Of	lice the following articles subject to the terms an	d conditions com		
lace of Delivery	CNSC DAE	T (Supply Office)	d conditions con	tained herein:	
ate of Delivery	CHSC-DAE	(U-1-m	Delivery Term:	FOR Destina	
			Payment Term :	n/30 Pestinat	ion
Stock/ Property No.	Unit			10/30	
1 Toperty No.		Description	Quantity	Unit Cost	Amount
2	pcs	Face Shield			Amount
4	rolls	Tissue	10 10	20 00	200.00
i			10	15.00	150.00
			i	i	
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	i				
		Note: DOST PCAARRD Project -1	l i	i i	
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i	1	1			
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1 hree Hune	dred Fifty Peso	os Only			
					350.00
in case of fa	ailure to make	the full delivery within the time specified above, and undelivered item/s.	penalty of one-t	enth (1/10) of one	
of delay shall be	e imposed on th	he undelivered item/s.	r and or one t	char (1/10) of one p	ercent for every day
İ					
Conform	ne:	^ · ·	Very truly your		
1		LANGE LANGE	very duly your	111	
1	Anselin	a II. Cahnya	-	27 8	25/2021
1	Signature	over Printed Name of Supplier	MARLO	M DE LA CRUZ	PECE, Ph.D.
	orginature (4-1-M	Signature ov	er Printed Name of	Authorized Official
i				College Preside	ent T
		Date		Designation	, 1
The same of				,	
	07	TOUGT DECEME			
Fund Cluster	. 0/ -	TRUST RECEIPTS	ODS/DIT	OC N	
Funds Availab	hle ·		OKS/BUF	RS No. :	
		la francisco	Date of th	e ORS/BURS: _	
		MADELOND LES CO. SINL	1		
	C:	MADELON B. LEE, CPA			
	Signature	over Printed Name of Chief Accountant/Head of	1		
		Accounting Division/Unit	1		
		ちないったとう			



PURCHASE ORDER

Camarines Norte State College

Entity Name

pplier: GIMAIR DRUG TESTING LABORATORY			P.O. No.: 2021-06-0199 Date: June 1, 2021			
lress: 197 Bagasbas Road, Daet, Camarines Norte 942-380-949-000			Mode of Procurement : Small Value Procurement			
			Mode of Procurement . Small value rives easier			
ntlemen: Please fur	mish this Off	ice the following articles subject to the terms a	nd conditions cor	ntained herein:		
ace of Delivery : CNSC-DAET (Supply Office)			Delivery Term : Payment Term :			
te of Delivery:		7-9-4	Payment Term.	1		
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount	
1	Pax	Drug Testing Fee *With Remote Collection	500	250.00	125,000.00	
		*Entienza Campus (Sta. Elena) *IFMS (Mercedes Campus) *CANR (Labo Campus) *COTT (Jose Panganuban) *CoED (Abaño Campus) *Main Campus (DAET)				
In case of f	ailure to mak all be impose	e the full delivery within the time specified about on the undelivered item/s.	ove, a penalty of c		125,000.	
Constru	Marc	e over Printed Name of Supplier C 10 2021 Date	Signature of	EDDIE T. BERN. over Printed Name - Office of the Co Designati	of Authorized Offic ollege President	
Fund Cluster Funds Availa	ble :	MADELON B. LEE, CPA e over Printed Name of Chief Accountant/Hea Accounting Division/Unit	Date of	the ORS/BURS:		
BRC +		Accounting Division/Unit		DECEIVE DOUKEMENT	D TINU	











Republic of the Philippines

CAMARINES NORTE STATE COLLEGE

F. Pimentel Avenue, Brgy. 2, Daet, Camarines Norte – 4600, Philippines

SUPPLY AND PROPERTY MANAGEMENT

Project Reference No.:	BAC Res # 0447	
ame of the Project:	Supply and Delivery of Auto Supplies	
ocation of the Project:	CNSC-ENTIENZA	
OTATION		

	REQUEST FOR QUOTATION	N .	
Compa Addres	ny Name:		
of delive	Please quote your lowest price on the item/s listed below, subject to the General Co ery and submit your quotation duly signed by your representative not later than <u>3 working</u>	Id days.	
NOTE:	 Delivery period within calendar days. Warranty shall be for a period of six (6) months for supplies and materials, acceptance by the procuring entity. Price validity shall be for a period of calendar days. G-EPS Registration Certificate shall be attached upon submission of the quotat being shall submit original brochures showing certifications of the product being the product being shall submit original brochures showing certifications of the product being the product of the product being the product of the p		erson
Item No.	Item and Description	Quantity	Unit Price
	Transmission Assembly of Mitsubishi Montore Speed 19919	-	

Item No.	Item and Description	Quantity		Unit Price
1	Transmission Assembly of Mitsubishi Montero Sport (2010 model) (Surplus)	1	set	Offit Price
2	Clutch Disk			
3	Pressure Plate	1	рс	
		1	рс	
-				
_				
			-	
		-		
		-		
-				

Brand and Model:		
Delivery Period:		
Warranty:		
Price Validity:		
After having carefully read and accept	ed your General Conditions, I/we quote yo	ou on the item/s at prices stated above.
	-	Printed Name and Signature
Name of Canvasser	Tel. No./Cellphone No.: E-mail Address:	Page 1
	Date:	