PURCHASE ORDER

PHILIPPINE COCONUT AUTHORITY, REGIONS I-III & CAR

Supplier : ASS CONSTRUCTION SUPPLY	P.O. No. : PCA-APCDC 2022-10-018
Address : POBLACION ZONE 2 DINALUNGA,AURORA	Date : October 24,2022
TIN : 295-875-646-001	Mode of Procurement :

Gentlemen

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

Place of Delivery : APCDC PROJECT SITE	Delivery Term : FOB
Date of Delivery : FIVE TO FIFTEEN UPON RECEIPT OF P.O	Payment Term : CREDIT

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	BAGS	CEMENT	20	257.00	5,140.00
	UNIT	2 HP WATER PUMP (electric)	1		17,500.00
	PCS	COUPLING # 1	6	112.00	672.00
	PCS	COUPLING # 2	2	560.00	1,120.00
	PCS	ELBOW # 1	6	110.00	660.00
	PCS	ELBOW # 2	2	560.00	1,120.00
	PCS	GI PIPE # 1	2	1230.00	2,460.00
	PCS	GI PIPE # 2	1		2,600.00
	PCS	GATE VALVE # 1	2	690.00	1,380.00
	PCS	GATE VALVE # 2	1		1,800.00
	PCS	HOLLOW BLOW # 4	100	15.00	1,500.00
	PCS	NIPPLE # 1 C I X 1/2	4	240.00	960.00
	PCS	PATENTE	2	280.00	1,120.00
	ROLLS	POLYETHYLENE # 2	4	2,350.00	9,400.00
	ROLLS	POLYETHYLENE PIPE # 1	5	1,230.00	6,150.00
	PCS	POLYETHYLENE PIPE # 1/2	10	1100.00	11,000.00
	PCS	QUICK JOINT # 1	10	112.00	1,120.00
	PCS	QUICK JOINT # 1/2	10	120.00	1,200.00
	PCS	ROUND STEEL BAR 10mm	20	213.00	4,260.00
	PCS	SADDLE CLAMP 1X1/2	10	230.00	2,300.00
	PACK	SAHARA CEMENT	40	67.00	1,340.00
	CAN	S-BLUE	1		89.00
	PCS	SWING VALVE # 1	2	1232.00	2,464.00
	PCS	TEFLON TAPE	10	50.00	500.00
	KG	TIE WIRE	5	100.00	500.00
					78,355.00

(Total Amount in Word SEVENTY EIGHT THOUSAND THREE HUNDRED THIRTY THREE PESOS ONLY

In case of failure to make the full delivery within the time specified above,a penalty of one -tenth (1/10) for one percent for every day delay shall be imposed.

Conforme:

ASS CONSTRUCTION SUPPLIES
Signature over Printed Name of Supplier

12-05-22
Date

Very truly yours,

DENNIS D. ANDRES
Signature over Printed Name of Authorized Official

Regional Manager III
Designation

Fund Cluster : _____

Funds Available : _____

MARVIN LLOYD L. GARCIA
Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit

ORS/BURS No. : _____

Date of the ORS/BURS: _____

Amount : _____