

PURCHASE ORDER

DELIVERY DUE DATE: PICK-UP /COD

Tot No - (045) 606-B1427 606-B157

Supplier: CRUZ MILITARY ACCESSORIES

Address: #16 Maligaya. Tarlac City Merchandising Type of Business:

TIN No.: 301-773-907-000 Non-VAT Reg.

Tel No : 0012-659-8174

PR No.:

2023-04-152

PO No.:

2023-230

Date:

5/24/2023

Mode of Procurement:

Small Value

Gentiemen:

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

Place of Delivery:

TARLAC STATE UNIVERSITY

Delivery Term:

Pick-Up

Date of Delivery:

Payment Term:

COD

Total Cost Unit Cost Quantity Description item No. Unit 700.00 29,400.00 MILITARY SWORD, w/ tassel CAT/COCC 42 pieces 120.00 5.040.00 MILITARY SWORD BAND, CAT/COCC 42 5 pieces BREAST PLATE 42 40.00 1,680.00 pieces 36.120.00 Purpose: for Regional Annual Administrative Tactical Inspection (RAATI)

(Total Amount in Words) Thirty Six Thousand One Hundred Twenty Pesos Only

Warranty shall be for a period minimum of Three (3) months for expendable supplies, or a minimum period of one (1) Year for non-expendable supplies. In case of failure to make full delivery within the time specified above, a penalty of onetenth (1/10) of one percent for every day of delay shall be imposed

Very truly yours,

DR. GRACEN. ROSETE Vice President for Administration

Authorized Official

Conforme:

5-25-23

TARY ACCESSORIES

(Signature over printed name & date)

Bank Account Name:

rcyna

Cruz

Bank Account Number:

0075 GO

Bank Name:

BDO

Bank Address:

wisita. Bronch COMMISSION ON AUDIT TSU

Funds Available:

LASPERA-YAUDER, CPA

Budget Officer

ALOBS No.: OF MANY- 2009-W-UCZ

Amount:



PURCHASE ORDER

DELIVERY DUE DATE: Prok-up /CoD

Procurement Unit	
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Tel. No.: (045) 606-8142/606-8157

Supplier: CR	LUZ MII	JTARY A	CCESSORIES
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Address: #16 Maligaya, Tarlac City

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Date of Delivery: TARLAC STATE UNIVERSITY Date of Delivery:			Delivery Term: Payment Term:	
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4 piece 5 piece 6 piece	MILITARY SWORD BAND, CAT/COCC	42 42 42	700.00 120.00 40.00	29,400.00 5,040.00 1,680.00 36,120.00

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DR. GRACE N. ROSETE Vice President for Administration

Authorized Official

COMMISSION ON AUDIT. TSU

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Conforme:

CRIIT	MIII	TARV	ACCESSO	DIEC
CILUL	TARRETT	IMI	ACCESSO	ULD

(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name:

Bank Address:

Funds Available:

JASPERA. YAUDER, CPA

Budget Officer

ALOBS No.: 02 20441-2029-05-1253

Amount:

Form No.: TSU-PRO-SF 09 Revision No. 03

Effectivity Date: August 24, 2020

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