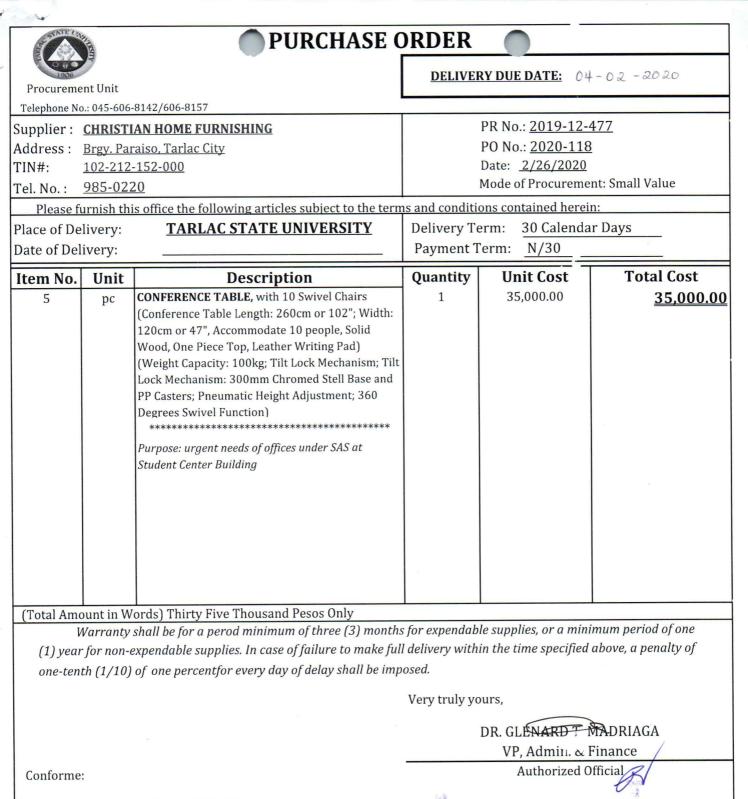
		PURCHASE (RDER		
Procurement Unit (clephone No. 015-606-8142/606-8157		DELIVERY DUE DATE: 04 - 02 - 2000			
Address: Brgy Paraiso Torlac City IN#: 102-212-152-000 Tel. No.: 985-0220 Please furnish this office the following articles subject to the term Place of Delivery: TARLAC STATE UNIVERSITY Date of Delivery:			PR No.: 2019-12-477 PO No.: 2020-1 18 Date: 2/26/20_0 Mode of Procurement: Small Value ns and conditions contained herein: Delivery Term: 30 Calendar Days Payment Term: N/30		
Item No.	Unit	Donnie i	Quantity	Unit Cost	Total Cost
5	pc	CONFERENCE TABLE, with 10 Swivel Chairs (Conference Table Length: 260cm or 102"; Width: 120cm or 47", Accommodate 10 people, Solid Wood, One Piece Top, Leather Writing Pad) [Weight Capacity: 100kg; Tilt Lock Mechanism; Tilt Lock Mechanism: 300mm Chromed Stell Base and PP Casters; Pneumatic Height Adjustment; 360 Degrees Swivel Function) ************************************	1	35,000.00	35,000,00
(1) yea	Warranty r for non-	Vords) Thirty Five Thousand Pesos Only shall be for a perod minimum of three (3) months expendable supplies. In case of failure to make full to of one percentfor every day of delay shall be impe	delivery withi	le supplies, or a m n in the time specified	imum period of one above, a penalty of
(1) yea	Warranty r for non-	shall be for a perod minimum of three (3) months expendable supplies. In case of failure to make full	delivery withi osed. Very truly yo	in the time specified	l above, a penalty of
(1) yea	Warranty r for non-	shall be for a perod minimum of three (3) months expendable supplies. In case of failure to make full of one percentfor every day of delay shall be impo	delivery withi osed. Very truly yo	in the time specified ours, DR. GLENARD T.	above, a penalty of
(1) year one-ten	AN HONOVER PRINTERS	shall be for a perod minimum of three (3) months expendable supplies. In case of failure to make full	delivery within osed. Very truly yo	in the time specified	MADRIAGA Finance Official

ported you



CHRISTIAN HOME FURNISHING

(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name:

Bank Address:

Funds Available:

No.: TSU-PRO-SF-09

Revision No. 2

Amount: OLC, Budget Office

Effectivity Date: October 25, 2019

ALOBS No.:

Page 1 of 1