

PURCHASE ORDER

DELIVERY DUE DATE:

8/9/23

Tel No.: 045-606-8142/606-8157

Supplier: ALPHA DIGIZONE MARKETING

#2702 Taft Ave St., Barangay 097, Pasay City, Metro Manila

Type of Business:

Merchandising 237-156-457-000 VAT Reg

TIN No.: Tel. No.:

Address:

0908-811-9259

PR No.:

2023-04-150

PO No.:

2023-285

Date:

6/22/2023

Mode of Procurement:

Small Value

Gentlemen:

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

Place of Deliv Date of Deliv		TARLAC STATE UNIVERSITY	Delivery T Payment		40 calendar days n/15	
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost	
1	set	VIDEO TRANSMISSION SYSTEM, Wireless, Hollyland Cosmo C1 SDI/HDMI Wireless video, Wireless Video Transmitter/Receiver Set, Transmitter HDMI/SDI Input, SDI Loop Out, Receiver HDMI & 2 x SDI Outputs, OLED Screen, USB Type-C Power Input, 1000' Line-of-Sight 1080p60 Transmission, 5.1 to 5.9 GHz Frequency Range, AES-128 Encryption, 40 ms Latency, L-Series Battery Plates on TX/RX, DC Adapter Power or Optional Battery	3	45,000.00	135,000.00	
2	set	DECT INTERCOM SYSTEM, Wireless, with 6 headsets, Hollyland Solidcom C1-6S Full-Duplex Wireless 6 headsets (1.9GHz), Wide Frequency Response for Clear Audio, True Wireless Headset, No Bodypack, Comfortable to Wear All Day Long, 1000' 2-Way Operating Range, DECT 6.0 for Stability and Security, Instant Pairing, Easy to Use, Acoustic Echo Cancellation, Includes Batteries and Charger, Expandable System	1	89,000.00	89,000.00	
		Warranty: 1 year Purpose: Audio and Visual equipment APP 2023 1st Qtr			224,000.00	

(Total Amount in Words) Two Hundred Twenty Four Thousand Pesos Only

Warranty shall be for a perod minimum of three (3) months for expendable supplies, or a minimum period of one (1) year for nonexpendable supplies. In case of failure to make full delivery within the time specified above, a penalty of one-tenth (1/10) of one percentfor every day of delay shall be imposed.

Very truly yours,

DR. GRACE N. ROSETE Vice President for Administration

Authorized Official

Conforme

06-30-20-25

LPHA DIGIZONE MARKETING lignature over printed name & date)

ank Account Name:

ink Account Number: ink Name:

COMMISSION ON AUDIT TO!!

nds Available:

nk Address:

JASPER A. YAUDER, CPA **Budget** Officer

ALOBS No.: Bu- mayer work -06 mag

Amount: 224 m 7



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(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name:

3ank Address:

ALOBS No.: 84. 20441.2017 -06 7709

Amount: 224 m w

COMMISSION ON AUDIT. TS!!

Date JUN 3 0-2023

'unds Available:

JASPER A. YAUDER, CPA

Budget Officer

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

Effectivity Date : August 24, 2020 | Page 1 of 1