

PURCHASE ORDER

Procurement Unit

Type of Business:

Tel No.: 045-606-8110 local 157/142

0908-811-9259

Supplier: ALPHA DIGIZONE MARKETING

237-156-457-000 VAT Reg

DELIVERY DUE DATE: PICK-UP/COD

PR No.:

2025-02-087

PO No .:

2025-245

Date:

4/30/2025

Mode of Procurement:

Small Value

Gentlemen:

TIN No.:

Tel. No.:

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

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

Merchandising

Place of Del Date of Deli		TARLAC STATE UNIVERSITY	Delivery Payment		Pick-Up COD
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
2	piece	CAMERA, Sony A6400 Body Only Warranty: 1 Year Purpose: APP 1st Quarter 2025	1	50,000.00	50,000.00

(Total Amount in Words) Fifty 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 non-expendable 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. ARNOLD E. VELASCO 05-02-2025 identa Conforme: *received 5/6/25 BOLDS./MARK

ALPHA DIGIZONE MARKETING

(Signature over printed name & date)

Bank Account Name:

ALPHA DIGIZONE 000-604-0222

Bank Account Number:

Bank Name: Bank Address:

Funds Available:

JASPER A. YAUDER, CPA

Budget Officer

Form No.: TSU-PRO-SF 09

Revision No. 03

ALOBS No. : 8 21 WMY - 1015-04 . OTT

Amount:

(1 00 W

iffectivity Date: August 24, 202

Page 1 of 1



PURCHASE ORDER

		DELIVERY DUE DATE:	Pick-Up/c	
	5-606-8110 local 157/142			
upplier:	ALPHA DIGIZONE MARKETING	PR No.	2025-02-08	

Address: #2702 Taft Ave St., Barangay 097, Pasay City, Metro Manila PO No.: 2025-245 Type of Business: Merchandising Date:

TIN No.: 237-156-457-000 VAT Reg

Tel. No.: 0908-811-9259

4/30/2025 Mode of Procurement: **Small Value**

Effectivity Date : August 24, 2020

Page 1 of 1

Gentlemen:

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Place of Delivery: TARLAC STATE UNIVERSITY Date of Delivery:			Delivery Term: Payment Term:		Pick-Up COD
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one percentfor every day of delay shall be imposed. Very truly yours, DR. ARNOLD E. VELASCO President Conforme: Authorized Official SION ON ALPHA DIGIZONE MARKETING (Signature over printed name & date) Bank Account Name: Bank Account Number: Bank Name: Bank Address: Funds Available: ALOBS No. : Me Dowy !! WX5 04-000 JASPER A. YAUDER, CPA Amount: (D m . W **Budget Officer**