

PURCHASE ORDER

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

DELIVERY DUE DATE: 2 7 DEC 2024

Supplier: **MAGIC STAR SUPERMARKET**

PR No.: 2024-10-446

Address: Cut Cut 1st, Tarlac City PO No.:

2024-782

Merchandising

Date:

12/06/2024

TIN No.: 206-818-612-000 VAT Reg.

Type of Business:

Tel. No.:

(045) 628-4290

Mode of Procurement:

Small Value

Gentlemen:

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

| Place of Delivery: TARLAC STATE UNIVERSITY | | | Delivery Term: | | 15 calendar days |
|--|-------|--|----------------|-----------|------------------|
| Date of Delivery: | | | Payment Term: | | <u>n/15</u> |
| Item No. | Unit | Description | Quantity | Unit Cost | Total Cost |
| 1 | piece | COFFEE, 30g Great Taste Single | 820 | 8.05 | 6,601.00 |
| 2 | pack | PAPER CUP, 8oz | 84 | 33.00 | 2,772.00 |
| 3 | pack | STIRRER | 44 | 23.00 | 1,012.00 |
| | | *************** | | | 10,385.00 |
| | | Purpose: for "KAPEHAN SA CPAG" for the whole academic year 2024-2025 | | | |

(Total Amount in Words) Ten Thousand Three Hundred Eighty-Five 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

Conforme:

12/12/24

DR. ARNOLD E. VELASCO

President

Authorized Official

MAGIC STAR SUPERMARKET

(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name:

Bank Address:

Funds Available:

IASPER A. YAUDER, CPA

Budget Officer

ALOBS No.: N. WWYI WHI 12-4083

Amount:

Very truly yours,

10 325 W

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Form No.: TSU-PRO-SF 09

Revision No. 03

Effectivity Date: August 24, 2020