	À	PURCHASE ORD	ER				
Procuren			DELIVERY DUE DATE: 12/17/23				
Telephone No.: upplier: .ddress: ype of Busi IN#: el. No.:	HIGH VI: Tarlac Ci Iness: 605-160-6 0947-768	SION GENERAL MERCHANDISING CORP.	PR No.: 2023-10-384 PO No.: 2023-583 Date: 11/16/2023 Mode of Procurement: Small Value				
lace of Deli		TARLAC STATE UNIVERSITY	Delivery Term: 30 Calendar days				
ate of Delivery:			Payment Term: n/15				
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost		
1	set	MORNING KIT, toothbrush, soap, toothpaste, slippers and 20ml shampoo and conditioner (with sample picture) Purpose: TSU HOTEL Use for guest accommodation	1000	90.00	90,000.00		
) Ninety Thousand Pesos Only	- d-ble mennile	er ora minimum	nation of one		
(I) year fi	or non-expen	be for a perod minimum of three (3) months for expe dable supplies. In case of failure to make full delivery ne percentfor every day of delay shall be imposed.					
,	-		Very truly yours, DR. GRACION, ROSETE Vice President for Administration				
Conforme:		18/12/10 10 2		Authorized Off			

HIGH VISION GENERAL MERCHANDISING CORP.

(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name:

Bank Address:

IASPER AT MAUDER. CPA
Budge Officer

Revision No. 3

Funds Available:

No.: TSU-PRO-SF-09

ALOBS No.: 11-1114-1173-11-1155

Amount : 7 90 000

Effectivity Date: August 24, 2020 Page 1 of 1

		* *	* #				
	À	PURCHASE ORD	ER				
	DELIVER	Y DUE	DATE:	12/17/23			
Procurement Unit Telephone No.: 045-606-8142/606-8157							
upplier :		SION GENERAL MERCHANDISING CORP.	 		PR No.:	2023-10-384	
ddress :	Tarlac Cit					<u>2023-10-364</u> <u>2023-583</u>	
ype of Busi		Merchandising Business				<u>2023-363</u> <u>11/16/2023</u>	
`IN#:	Mode of Procurement: Small Value						
'el. No. :	0947-768	-2043/0917-132-3245					
Please fur	nish this of	fice the following articles subject to the terms and co	onditions cont	ained l	nerein:		
lace of Deli	Delivery Term: 30 Calendar days						
ate of Deliv	ery:		Payment T	erm:	n/15		
Item No.	Unit	Description	Quantity	Uni	t Cost	Total Cost	
1	set	MORNING KIT, toothbrush, soap, toothpaste, slippers and 20ml shampoo and conditioner (with sample picture) ***********************************	1000	9	0.00	<u>90,000.00</u>	
		Ninety Thousand Pesos Only					
(1) year fo	r non-expen	be for a perod minimum of three (3) months for expe dable supplies. In case of failure to make full delivery ne percentfor eve ry d ay of delay shall be imposed.		e specij			
	DR. GRACTIN. ROSETE Vice President for Administration						
		·					

HIGH VISION GENERAL MERCHANDISING CORP.

(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name:

Bank Address:

Funds Available:

ALOBS No.: 11-10101-122-11-0355

Amount: \$6000 \text{PRO-SF-09}

Revision No. 3

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

Authorized Official

Conforme: