| | · · · · · · · · · · · · · · · · · · · | | | | | |
|--|---------------------------------------|--|--|-----------------------------|-----------------------------|--|
| (A) | | PURCHASE OR | DER | | | |
| | | | | DELIVERY DUE DATE: 12/23/23 | | |
| Procuren Tel. No.: (04 | nent Unit 5) 606-8142/ | 606-8157 | | | · | |
| ļ | | | | PR No.: | 2023-11-474 | |
| Supplier: CRAYOLA, ATBP. (STAPLER'S INC.) Address: F. Tañedo St., San Nicolas, Tarlac City | | | PO No.: | | 2023-654 | |
| Type of Business: Merchandising | | | | Date: | 12/07/2023 | |
| TIN No.: 439-392-896-000 VAT Reg. | | | | curement: | Shopping | |
| Tel. No.: 0917-514-2529 | | | | | | |
| | | 2012 | | <u> </u> | | |
| Gentlemen Please f | | ffice the following articles subject to the terms as | nd conditions | contained herein | : | |
| Place of Delivery: TARLAC STATE UNIVERSITY | | | | erm: | 10 calendar days | |
| Date of Delivery: | | | Payment Term: | | n/15 | |
| Item No. | Unit | Description | Quantity | Unit Cost | Total Cost | |
| 2 | ream | BOND PAPER, long | 10 | 250.00 | 2.500.00 | |
| | | Purpose: to be used for EFLA | | | | |
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| | | | | | | |
| (Total Amou | nt in Words) | Two Thousand Five Hundred Pesos Only | | | | |
| <u> </u> | | e for a period minimum of Three (3) months for exper | idable sunnlier | or a minimum nor | ind of one (1) Year for non | |
| | | se of failure to make full delivery within the time speci. | | | | |
| every day of c | | | • | • | , , , | |
| | | | Very truly yours, | | | |
| | | | | ((1) | | |
| | | | DR. GRACE N. ROSETE | | | |
| Conforme: | | | Vice President for Administration Authorized Official | | | |
| 2/2/12/22 | | | | Audioi ized Official | | |
| CRAYOLA, ATBI, (STAPLER'S INC.) | | | | The second second second | | |
| (Signature ov | | —————————————————————————————————————— | | | DEC 10 com | |
| Bank Account Name: | | | | . L | BES 13 2023 | |

ALOBS No.: 12-20441-2013 72-2894

Page 1 of 1

Amount: \$ 2500-

Effectivity Date: August 24, 2020

Bank Account Number:

JASPER A. YAUDER, CPA Budget Officer

Form No.: TSU-PRO-SF 09 | Revision No. 03

Bank Name: Bank Address: Funds Available: