

PURCHASE ORDER

DELIVERY DUE DATE: 0

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

ASAHI DESIGN CENTRE INC. Supplier:

RM 222 TEOFF Building #355 T. Pinpin St. Binondo Manila Address:

Type of Business:

Merchandising

TIN No.: 008-976-731-000 VAT Reg.

Tel. No.: 0917-710-3109/0976-002-5501 PR No .:

2024-08-340

PO No.:

Date:

2024-726

Mode of Procurement:

11/15/2024 Public Bidding

Gentlemen:

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

Place of Delivery: TARLAC STATE UNIVERSITY Date of Delivery:			Delivery Term: Payment Term:		60 calendar days n/30
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	unit	CHAIR, CLASSROOM DL-0101A; Materials: 100% virgin resin, High Grade Metal, Dimension: Backrest Height: 727 mm, Seat Height: 419mm, Seat Depth: 400mm, Seat Width: 450mm, Writing Board Height: 635mm, Writing Board Depth: 600mm, Writing Board Width: 265mm, Weight (KGS): 6.08 kgs., Mold Insert: 60mm x 70mm, Weight Capacity: 200kgs, Color: Gray, Warranty 1 Year	1100	2,000.00	2,200,000.00
2	unit	TEACHER'S TABLE, NA-10; Freestanding Table, Materials: MFC Table, Steel Legs/Frame w/3 right drawers, Finish: Beige Top & Frame Dimension: W120XD70XH74 CM; Color: Beige or Light Gray, Warranty 1 Year	22	13,500.00	297,000.00
3	unit	TEACHER'S CHAIR, C-NL115; Swivel, Midback Mesh Office Chair, Chrome Plated Star Base, Finish: BLACK, Fabrice Color: Black with Arm Rest, Warranty 1 year ***********************************	22	3,000.00	66,000.00 2,563,000.00

(Total Amount in Words) Two Million Five Hundred Sixty-Three Thousand 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 nonexpendable supplies. In case of failure to make full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every

day of delay shall be imposed

Very truly yours,

DR. ARNOLD E. VELASCO

resident .

Authorized Official

Conforme:

(Signature over printed name & date)

Bank Account Name:

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.: 02 · Well · W M-4 · of W Amount: 2563. W - W

Effectivity Date: Augist 24, 2020