

## PURCHASE ORDI

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	DELIVERY DUE DATE: 7/21/23		
		PR No.:	2023-05-218
		PO No.:	2023-289
		Date:	6/29/2023
	Mode of Pro	curement:	Shopping
all	nd condition	s contained h	erein:
	Delivery Term:		15 Calendar Day
	Payment Term:		N/15
	Quantity	Unit Cost	Total Cost

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

MAGIC STAR SUPERMARKET Supplier:

Cut Cut 1st, Tarlac City

Type of Business:

Merchandising

TIN No.:

Address:

206-818-612-000 VAT Reg.

Tel. No.:

Gentlemen:

(045) 628-4290

Please furnish this office the following articles subject to the terms a

Place of Delivery: Date of Delivery:

TARLAC STATE UNIVERSITY

Item No. Unit Description 1 46.95 1,408,50 PAPER TOWELS, Kami Interfolded 175 Pulls 30 pack Purpose: APP 1sT QUARTER 2023: VARIOUS GROCERY ITEMS with approved budget request letter.

(Total Amount in Words) One thousand Four Hundred Eight Pesos Fifty Centavos 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 one-tenth (1/10) of one percent for every day of delay shall be imposed

Very truly yours,

DR. GRACE N. ROSETE

Vice President for Administration

Authorized Official/

pro Julian 07-06-23

## MAGIC STAR SUPERMARKET

(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Form No.: TSU-PRO-SF 09

Bank Name: Bank Address:

Funds Available:

JASPER A. YAUDER, CPA

**Budget Officer** 

Revision No. 03

Amount: 1, 408 .00

ALOBS No.: 62. 2044 - 2027 - 07 - 1577

Effectivity Date: August 24, 2020

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