

## **PURCHASE ORDER**

DELIVERY DUE DATE: Pick - Up / COD

Procurement	Un	it
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Tel. No.: 045-606-8142/606-8157

Supplier :	ROBINS	ONS SUPERMARKET CORP.		PR No.:	2023-10-432		
Address :	Tarlac Me	tro Town Mall, Mc. Arthur Highway, Sto. Cristo	, Tarlac	PO No.:	2023-645		
Type of Bus	iness :	Merchandising		Date:	12/07/2023		
TIN No.:	000-405-3	340-00138 VAT Reg.	Mode of Pro	curement:	Shopping		
Tel. No. :	0923-739	-3620					
Gentlemen	;						
		office the following articles subject to the term	ns and condi	tions containe	d herein:		
Place of Delivery: TARLAC STATE UNIVERSITY		Delivery Term:		Pick-up			
Date of Delivery:		Payment Term:		<u>C.O.D</u>			
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost		
4	bundle	POCKET WET WIPES, (8sheets per pack, 6 packs per bundle), sanicare	32	91.00	2.912.00		
		Purpose: to be used for "CPAG: ALL ABOUT HER" for the whole A.Y. 2023-2024					
(Total Amount in Words) Two Thousand Nine Hundred Twelve Pesos Only							
Year for non-e	expendable :	for a period minimum of Three (3) months for exp supplies. In case of failure to make full delivery with nt for every day of delay shall be imposed	endable supp hin the time s	lies, or a minim pecified above, a	um period of one (1) a penalty of one-		
			Very truly yours,				
			DR. GRACEN ROSETE				
Conforme:		Vice President for Administration  Authorized Official					
formorme.	(/O) 12/	13/23	manorizado,				
ROBINSONS SUPERMARKET CORP.							
(Signature over printed name & date)			;		່າກະກຸ1 ) 2000		
Bank Account Name:					050 13 2023		
Bank Account	Number:		6/1	7 :			

IASPER A. YAUDER, CPA

Bank Address:

Funds Available:

Form No.: TSU-PRO-SF 09

Budget Officer

Revision No. 03

Effectivity Date: August 24, 2020

ALOBS No. : 02 70441-1179-12-1894

Amount: 2912 .W

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