|  |                           | * *  |                                  |                  |                   |  |
|--|---------------------------|--|----------------------------------|------------------|-------------------|--|
|  | à                         | PURCHASE ORDER   | l,                               |                  |                   |  |
| Procurement Unit                           |                           |  | DELIVERY DUE DATE: 0 10 10       |                  |                   |  |
| Telephone No.:                             | 045-606-8142              | /606-8157  |                                  |                  |                   |  |
| Supplier:                                  | HIGH VIS                  | SION GENERAL MERCHANDISING CORP.   | PR No.: 2022-12-361              |                  |                   |  |
| Address :                                  | dress: <u>Tarlac City</u> |  |                                  | PO No.: 2023-014 |                   |  |
| Type of Business: Merchandising Business   |                           |  | Date: <u>1/6/2023</u>            |                  |                   |  |
| 'IN#: <u>605-160-668-0000 VAT Reg.</u>     |                           |  | Mode of Procurement: Small Value |                  |                   |  |
| Γel. No. :                                 | 0947-768                  | 8-2043/0917-132-3245   |                                  |                  |                   |  |
| Please fui                                 | rnish this of             | fice the following articles subject to the terms and conditions  | contained he                     | rein:            |                   |  |
| Place of Delivery: TARLAC STATE UNIVERSITY |                           |  | Delivery Term: 45 Calendar days  |                  |                   |  |
| Date of Delivery:                          |                           |  | Payment Term: N/30               |                  |                   |  |
| Item No.                                   | Unit                      | Description  | Quantity                         | Unit Cost        | Total Cost        |  |
| 1  | set                       | SOFA, Fabric, L-Shape Sofa w/ stool & tray, L91" x W72" x H34", Stool - L30" x W30" x H16"  ***********************************  | 3                                | 51,000.00        | <u>153,000.00</u> |  |
|  |                           | One Hundred Fifty Three Thousand Pesos Only  |                                  |                  |                   |  |
| (1) year fo                                | or non-expen              | be for a perod minimum of three (3) months for expendable su<br>dable supplies. In case of failure to make full delivery within the<br>percentfor every day of delay shall he imposed. |                                  |                  |                   |  |
| DR. GRACE N. ROSETE                        |                           |  |                                  |                  |                   |  |

Authorized Official HIGH VISION GEN RECEIVED (Signature over printed name & date) Bank Account Name: Bank Account Number: Bank Name: Bank Address:

> JASPER A. YAUDER, CPA **Budget Officer**

Conforme:

Funds Available:

ALOBS No.: 02-204-41-2020-01-0087

Amount: 153 m. n

n No.: TSU-PRO-SF-09 Revision No. 3 Effectivity Date: August 24, 2020 Page 1 of 1