

PURCHASE ORDER

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

DELIVERY DUE DATE:

3/3/24

Supplier: **BENERSON ENTERPRISES**

Address: F. Tañedo St., Poblacion, Tarlac City

Type of Business: Merchandising TIN No.: 221-815-120-002 VAT Reg.

Tel. No.: (045) 982-1585

PR No.:

2023-10-401

PO No.:

2024-046

Date:

1/11/2024

Mode of Procurement:

Small Value

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:		30 calendar days n/15
Unit	Description	Quantity	Unit Cost	Total Cost
piece	PREPAID LOAD CARD, smart (300)	7	319.00	2,233.00
piece	PREPAID LOAD CARD, globe (300)	7	319.00	2,233.00
unit	COLORED PRINTER, Epson L5290 warranty: 2 years manufacturer warranty ************************************	1	14,700.00	14,700.00
	Purpose: to be used in the conduct of the research proposal entitled "Language Documentation of Mag- Anchi Folklores in Support of Language Education and Revitalization of Aeta Mag-Anchi" of Ms. Francelle L. Calub as the lead-researcher			<u>19.166.00</u>
	Unit piece piece	piece piece piece prepaid LOAD CARD, smart (300) prepaid LOAD CARD, globe (300) prepaid LOAD CARD, globe (300) colored Printer, Epson L5290 warranty: 2 years manufacturer warranty ************************************	Unit Description Quantity piece PREPAID LOAD CARD, smart (300) 7 piece Unit COLORED PRINTER, Epson L5290 1 warranty: 2 years manufacturer warranty ************************************	Unit Description Quantity Unit Cost piece piece unit COLORED PRINTER, Epson L5290 1 14,700.00 Warranty: 2 years manufacturer warranty ************************************

(Total Amount in Words) Nineteen Thousand One Hundred Sixty-Six 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 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. GRAC

ROSETE Vice President fo ${f P}$ Administration

Conforme:

(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name:

Bank Address:

ALOBS No. :02-104411-2024-81-8244

Amount: 19,166. N

Funds Available:

JASPER A. YAUDER, CPA

Budget Officer

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

Effectivity Date: August 24, 2020

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