

PURCHASE ORDER

DELIVERY DUE DATE:

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

RAZMERS TRADING Supplier:

Del Pilar St., Cabanatuan, Nueva Ecija Address:

Type of Business:

Merchandising

TIN No.: Tel. No.:

176-750-247-000 0956 248 1254

PO No.:

2022-08-222

PR No .:

2022-438

Date:

9/28/2022

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/30
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
6	box	ANTISEPTIC SOLUTION, povidone-Iodine, swabstick, 50's/box	30 d	30.00 560.00 Q	900.00
9	cap	PAIN RELIEVER, Ibruprofen + Paracetamol, 500mg/325mg ************************************	100	10.00	1,000.00 1,900.00 12,260.00(

(Total Amount in Words) Twenty Seven Thousand Six Hundred Thirty 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. GRACE N. ROSETE Vice President for Administration 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. : 11-102101- 2017-09-0342

Amount: ₱1,900 '

COMMISSION ON AUDIT. TS!

Effectivity Date: August 24, 2020