

## PURCHASE ORDER

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

**DELIVERY DUE DATE:** 

9/15/23

Supplier: INFOWORX INC.

Mc Arthur Highway, San Roque, Tarlac City Address:

Type of Business: Merchandising

004-845-988-005 VAT Reg. TIN No.: Telefax No.: 045-491-2383 Tel. No.:

PR No .:

2023-07-245

PO No.:

2023-361

Date:

8/8/2023

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
pc	<b>SSD 500GB 2.5INCH,</b> Samsung MZ-77E500BW 500gb 870 EVO 2.5 Series SSD	1	3,000.00	3,000.00
pcs	SSD NVME M.2, 500GB, Samsung MZ-V7S500BW 500GB 970 EVO Plus NVME M.2 SSD	3	3,200.00	9,600.00
	Purpose: To be used in the operation and processing of documents of the TES/TDP Scholars (From TDP 1st Sem 2021-2022-P100,162.50) - Charged to Administrative Cost - TF			12,600.00
	Unit	pc SSD 500GB 2.5INCH, Samsung MZ-77E500BW 500gb 870 EVO 2.5 Series SSD  pcs SSD NVME M.2, 500GB, Samsung MZ-V7S500BW 500GB 970 EVO Plus NVME M.2 SSD  **********************************	Payment 7  Unit Description Quantity  pc SSD 500GB 2.5INCH, Samsung MZ-77E500BW 500gb 870 EVO 2.5 Series SSD  pcs SSD NVME M.2, 500GB, Samsung MZ-V7S500BW 500GB 970 EVO Plus NVME M.2 SSD  **********************************	Payment Term:  Unit Description Quantity Unit Cost  pc SSD 500GB 2.5INCH, Samsung MZ-77E500BW 500gb 870 EVO 2.5 Series SSD  pcs SSD NVME M.2, 500GB, Samsung MZ-V7S500BW 500GB 970 EVO Plus NVME M.2 SSD  **********************************

(Total Amount in Words) Twelve Thousand Six Hundred 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

DR. GRACEIN. ROSETE

Very truly yours,

Vice President for Administration

Authorized Official

Conforme:

08-14-2028

skewe

(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name:

Bank Address:

Funds Available:

No.: TSU-PRO-SF-09

JASPER A. YAUDER, CPA

Revision No. 03

**Budget Officer** 

ALOBS No.: 02. 208 (03 - 2023 - 08 - 0192

Amount:

Effectivity Date: August 24, 2020

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