PURCHASE ORDER DELIVERY DUE DATE: Eurement Unit 9/27/21 Telephone No.: 045-606-8142/606-8157 Supplier: NCH PHILIPPINES, INC. PR No.: 2021-07-176 Address: 7/f. Suite 705 West Tower Philippine Stock Exchange Center, Exchange Road, Ortigas Center, Pasig City 1605 PO No.: 2021-282 Type of Business: **Merchandising Business** TIN#: 000-098-135-000 Date: 8/20/2021 Tel. No.: (02) 687-4839/0917-857-2540 Mode of Procurement: Small Value Please furnish this office the following articles subject to the terms and conditions contained herein: Place of Delivery: TARLAC STATE UNIVERSITY Delivery Term: 30 Calendar Days Date of Delivery: Payment Term: N/30 Item No. Unit Description Quantity Unit Cost **Total Cost** container PYRAFOG S (5gals per container) 1 22,095.75 88,383.00 Purpose: for fumigating the entire TSU Bldgs. To eradicate pests, insects, ants or rodents and mosquitoes (included in the APP-2021) (Total Amount in Words) Eighty-Eight Thousand Three Hundred Eighty-Three Pesos Only Warranty shall be for a perod 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 percentfor every day of delay shall be imposed. Very truly yours, DR. ARMEE N. ROSEL VP, Research & Extension Services Conforme: Authorized Official ne P. Regala 8 29 21 NCH PHILIPPINES, INC. COMMISSION ON AUDIT TSM (Signature over printed name & date)

ALOBS No.: 12-206441-2011-08-117

88,383

Amount:

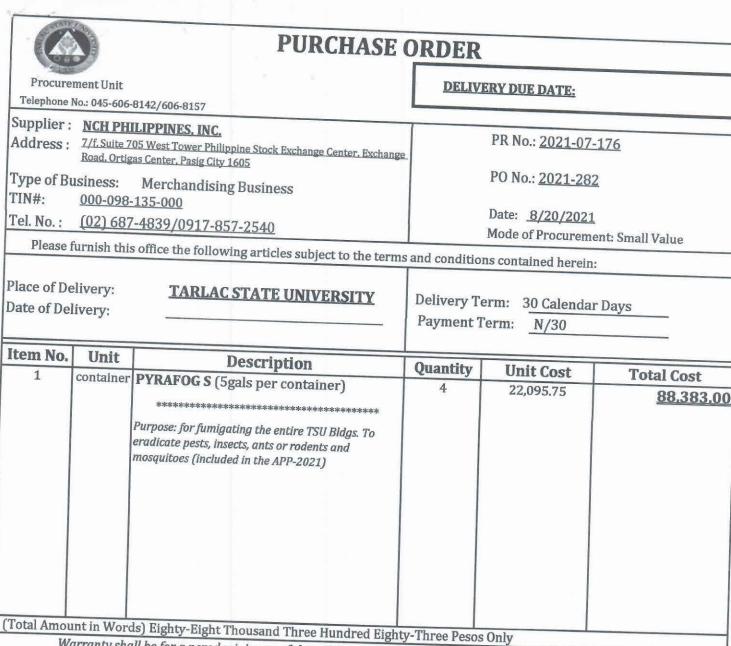
Effectivity Date: August 24, 2020

Bank Account Name: Bank Account Number:

No.: TSU-PRO-SF-09

OIC, Budget Office Revision No. 3

Bank Name:
Bank Address:
Funds Available:



Warranty shall be for a perod 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 percentfor every day of delay shall be imposed.

Very truly yours, DR. ARMEE N. ROSEL VP, Research & Extension Services Conforme: Authorized Official NCH PHILIPPINES, INC. (Signature over printed name & date) COMMISSION ON ADDIT TS!! RECEIVED Date 23 SEP Bank Account Name: Bank Account Number: Bank Name: Bank Address: Funds Available: ALOBS No.: 07-206441-20108-117 F 68,383 Amount: OIC, Budget Office No.: TSU-PRO-SF-09 Revision No. 3 Effectivity Date: August 24, 2020