

PURCHASE ORDER

Procurement Unit

DELIVERY DUE DATE: weekly

Telefax No.: 045-982-4630

Supplier: PYP AGRO-INDUSTRIES, INC.

Address: 1000 Panganiban St., Tarlac City 000-540-804-000 VAT REG.

TIN# 982 - 1289/1228 Tel. No.:

PR No.:

2018-11-373

PO No.:

2019-013

Date:

1/9/2019

Mode of Procurement:

Shopping

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery:

TARLAC STATE UNIVERSITY

Delivery Term: Payment Term: Weekly Monthly

Date of Delivery:

| Jace of Deliv | Cry. | | | | |
|---------------|------|--|----------|-----------|--------------------------------|
| Item No. | Unit | Description | Quantity | Unit Cost | Total Cost |
| 1 | gal | Purified Drinking Water (5 gal/pail) ************************************ | 600 | 27.50 | 16,500.00 |
| | | Purpose: for University consumption for the Month of January 2019 | | | |
| | | Terms & Conditions: 1. Provide hot & cold dispensing units w/o any rental fee or charge. 2. Lend New water containers with their caps on and in good condition. 3. Responsible for the cleaning of all dispensers on a monthly basis. | | | |
| | | 4. Responsible for maintenance and repair of all dispensers. 5. Consumption of Purified drinking water for the Period of January 1, 2018 to December, 2018 | | | |
| | | 6. With the following Certificates and Permits a. License to Operate as to bottled drinking water processor | | | |
| | | b. Physio-Chemical Test Certificate | | | |
| | | c. Microbiological Test Certificate | | | |
| | | d. Report on Bacteriologic Anatysis Water | | | |
| | | e. Mayor's Permit | | | |
| | | f. Sanitary Permit to Operation | | | |
| | | *************** | | | A Later Control of the Control |

(Total Amount in Words) Sixteen Thousand Five Hundred Pesos Only

In case of failure to make full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent Very truly yours,

RECEIVED

DR. GLENARD T. MADRIAGA

VP, Admin. & Finance

Authorized Official Common Comm for every day of delay shall be imposed.

Conforme:

| PYP AGRO-INDUSTRIES, IN |
|-------------------------|
|-------------------------|

(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name:

Bank Address:

Funds Available:

No.: TSU-PRO-SF-09

S S. DANGANAN

Budget Officer IV

Revision No. 1

ALOBS No.:

Amount:

Effectivity Date: March 1, 2017

Page 1 of 1