

## **PURCHASE ORDER**

Procurement Unit		t	ni	U	it	n	ie	n	re	u	oc	r	1
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Telephone No.: 045-606-8142/606-8157

**DELIVERY DUE DATE:** 

1 6 MAR 2025

Supplier: HIGH VISION GENERAL MERCHANDISING CORP.

PR No.: 2024-12-493

Address:

Tarlac City

PO No.: 2025-098

Type of Business:

TIN#:

**Merchandising Business** 

Date: 2/7/2025

605-160-668-0000 VAT Reg.

Tel. No.:

0968-702-7282/0947-768-2043

Mode of Procurement: Small Value

Gentlemen:

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

		nee the following at ticles subject to the terms and col	natuons conta	lined herein:	
Place of Deli	ivery:	TARLAC STATE UNIVERSITY	Delivery T	erm: 30 Cale	ndar days
Date of Deliv	very:		Payment 7		
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	pack	MORNING KIT, Toothbrush (white) toothpaste 5grams, soap cake 20grams, Shampoo w/Conditioner 8ml in tube, polyester thin slippers with printed TSU HOTEL LOGO, customized packaging with TSU HOTEL LOGO  **********************************	1000	58.00 ON 1112	58,000.00
(Total Amour	nt in Words	) Fifty Fight Thousand Dage Only	77	V	/ 0

(Total Amount in Words) Fifty-Eight Thousand 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. ARNOLD E. VELASCO President Conforme:

(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name:

Bank Address:

Funds Available:

DER, CPA

ALOBS No. :02-10(a) 41-1025-02-0549

Amount:

n No.: TSU-PRO-SF-09

Revision No. 3

Effectivity Date: August 24, 2020

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