

**PURCHASE ORDER** 

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

DELIVERY DUE DATE: 11/13/22

Supplier: MHIKE SOLAR ENERGY SHOP

Montemayor Bldg., Magsaysay, Alaminos City, Pangasinan

Type of Business: Merchandising 739-967-759-000 Non-VAT Tel. No.:

0997 218 4563 / 0927 038 7852

PR No.:

2022-09-244

PO No.:

2022-453

Date:

Mode of Procurement:

10/7/2022 Small Value

Gentlemen:

Place of Delive Date of Delive	ery:	s office the following articles subject to the terms and con  TARLAC STATE UNIVERSITY	ditions conta	ined herein:	
Item No. Unit			Delivery Term: Payment Term:		30 calendar days
1	unit	Description	Quantity Unit	Unit Cost	Total Cost
otal Amount in		BATTERY, Golf Cart, solar, 12V, 200AH Warranty: One year apply in factory defect. Mishandle, misused, modified by other installer and Natural Calamities is not included  Purpose for Lucindo Clinic Use  ixty Seven Thousand Two Hundred Pesos Only	4	16,800.00	67,200,00

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

Very truly yours,

DR. GRACE N. ROSETE Vice President for Administration

Authorized Official 4

Conform October 14, 2022 R ENERGY SHOP

(Signatur) over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name:

Bank Address:

Michael S. Andaya / Mhike Solar Energy shop 1271-1994-10

LANDBANK

MARCOS AVE. ALAMINOS CITY, PANGASINAN

P.F.C.E.V.F.D

Funds Available

JASPERA VAUDER CPA

Budget Officer

No.: TSU-PRO-SE

ALOBS No.: 02 -102401-207 70-0820

Amount: 187,2m N



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11/13/22

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Montemayor Bldg., Magsaysay, Alaminos City, Pangasinan

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## Gentlemen:

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

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(Total Amount in Words) Sixty Seven Thousand Two Hundred Pesos Only

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> Very truly yours, DR. GRACEIN. ROSETE Vice President for Administration Authorized Official

**MHIKE SOLAR ENERGY SHOP** (Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name:

Conforme:

Bank Address: Funds Available:

**Budget Officer** 

Form No.: TSU-PRO-SF 09

Revision No. 03

ALOBS No.: 02 - 187 14 7077 - 10-0825

Amount: 49,771.

Effectivity Date: Augist 24, 2020

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