

Form No.: TSU-PRO-SF 09

Revision No. 03

	SE SE	PURCHASE UKI	KUEK				
Procurement Unit			DELIVERY DUE DATE:		Ack-up/COD		
Tel. No.: (0	045) 6 06-814	2/ 606-8157					
Supplier: SKI GAS INC. Address: Brgy. San Juan. Concepcion. Tarlac Type of Business: Merchandising TIN No.: 0102-776-670-000 VAT Reg. Tel. No.: 0943-133-9392			PR No.: PO No.: Date: Mode of Procurement:		2024-02-062 2024-171 3/20/2024 Small Value		
Gentleme	n:						
Please	furnish th	is office the following articles subject to the te	rms and cond	litions contair	ied herein:		
Place of Delivery: TARLAC STATE UNIVERSITY Date of Delivery:			Delivery Term: Payment Term:		Pick-Up COD		
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost		
1	tank	PETRON GASUL, 50kg (Refill) **********************************	3	4,708.00	14.124.00		
		ds) Fourteen Thousand One Hundred Twenty-Four		**			
(1) Year for	non-expend	be for a period minimum of Three (3) months for education dable supplies. In case of failure to make full deliver experient for every day of delay shall be imposed	ry within the ti	me specified al	velasco		
Conforme: 3/20/24			Authorized Official				
SKI GAS INC. Feliciash T. Baligral (Signature over printed name & date) Bank Account Name:							
Bank Accoui Bank Name: Bank Addre:			ZYAN 2 1 2824				
Funds Avail:	JASPER (YAUDER, CPA et Officer	ALOBS No. : 12-20444 - 1924 - 85-8448 Amount : † 14124 -				

Effectivity Date: August 24, 2020

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Procure	ment Unit		DELIVERY DUE DATE: Pide - p/COD			
1		42/ 606-8157				
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Date of De	Date of Delivery:			erm:	COD	
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost	
1 (Total Amo	tank	PETRON GASUL, 50kg (Refill) **********************************	Pasce Only	4,708.00	14.124.00	
War	rranty shall	be for a period minimum of Three (3) months for e	expendable sur	oplies, or a mini	mum period of one	
one-tenth (1	l/10) of one	dable supplies. In case of failure to make full deliver e percent for every day of delay shall be imposed	ry within the ti	me specified ab	ove, a penalty of	
	·	_	Very truly yours, DR. ARNOLD E. VELASCO University President			
Conforme:		•	Authorized Official			
SKI GAS II				ANTESTA		
(Signature o Bank Accour Bank Accour	nt Name:	name & date)	OF THE STATE OF TH			
Bank Name:			TO THE STANA			
Bank Addres	ss:				. <i>D</i>	

Form No.: TSU-PRO-SF 09

Funds Available:

Revision No. 03

IASPER A YAUDER, CPA

Budget Officer

ALOBS No.: 12-20444-1024-03-0448

Amount: 14124-

Effectivity Date: August 24, 2020

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