

## **PURCHASE ORDER**

Procurement Unit Telefax No.: 045-606-0142 DELIVERY DUE DATE: 6-8-19

Supplier :	TARLAC MAC ENT	ERPRISES, INC.
------------	----------------	----------------

Address: 1030 Mac Arthur Highway, Brgy. San Nicolas, Tarlac City

TIN No.: 216-156-371-000 VAT Reg.

Tel. No.: 0977-398-6495

PR No.:

2019-03-097

PO No.:

2019-323

Date: Mode of Procurement: 5/8/19 Small Value

## Gentlemen:

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

Place of Delivery: TARLAC STATE UNIVERSITY  Date of Delivery:		Delivery Term: Payment Term:		30 calendar days n/30	
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	unit	MIRROR, body mirror, with stand dimension L-17.72" x H-61.22"	3	1,530.00	4,590.00
2	unit	WALL CLOCK, (Analogue) 10' diameter with 2 set of batteries	1	690.00	690.00
3	unit	WALL CLOCK, round or square, 10' diameter	2	690.00	1,380.00
4	unit	EMERGENCY LIGHTS, Automatic Light Source: 2x1 W High Power SMT LED Battery: 4V4 Oah Sealed Acid Charging: <20 hours Performance	5	1,350.00	6,750.00
5	unit	LCD STAND, with rollers TV-8083 dimension: 70(W) x 57(D) x 138(H) CM weight capacity: 50kgs, color: silver frame frosted glass black frame solid black glass	1	12,300.00	12,300.00
7	unit	<b>WATER DISPENSER</b> , hot & cold with compartment, cooling capacity 3.4L, heating capacity 1.2L 3 indicator lights, 2 powerswitch WxDxH 310 x 350x 990mm]	4	5,100.00	20,400.00
8 unit	unit	REFRIGERATOR, 2.8 Cubic feet, direct frost, top mounted fridge, mechanical temperature control, energy saving	1	6,700.00	6,700.00
		Purpose: Various Office Appliances included in the APP 2019- 1st Quarter			52,810.00
		Warranty: 1 year parts & labor			

(Total Amount In Words): Fifty Two Thousand Eight Hundred Ten 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 for every day of delay shall be imposed.

Very truly yours,

DR. CLENARD F. MADRIAGA
VP, Admin. & Finance
Authorized Official

Conforme: (MMMMM) & | 9 20 4

(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name:

Bank Address:

Funds Available:

JESUS S DANGANAN

Budget Officer IV

Form No.: TSU-PRO-SF 09 Revision No. 01

ALOBS No. :

Amount:

Effectivity Date : March 1, 2017

Page 1 of 1

Par los