

**PURCHASE ORDER** 

**DELIVERY DUE DATE:** 

6/4/2021

**Procurement Unit** 

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

| Supplier:   | <b>QUE KANG HARDW</b> | ARE INC. |
|-------------|-----------------------|----------|
| Deep proces |                       |          |

Address: F. Tañedo St., Poblacion, Tarlac City

Type of Business: TIN No.:

Merchandising 008-174-786-000 VAT Reg.

Tel. No.:

(045) 982-5071

PR No .:

2021-02-055

PO No .:

2021-147

Date:

4/29/2021

Mode of Procurement:

Small Value

Gentlemen:

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

| Place of Delivery: | TARLAC STATE UNIVERSITY | Delivery Term: |           | 30 calendar days |
|--------------------|-------------------------|----------------|-----------|------------------|
| Date of Delivery:  |                         | Payment Term:  |           | n/30             |
|                    |                         | 0              | Unit Cost | Total Cost       |

| Date of Delivery: |      |   |                |            |                               |
|-------------------|------|---|----------------|------------|-------------------------------|
| Item No.          | Unit | Description   | Quantity       | Unit Cost  | Total Cost                    |
| 6                 | pcs  | POWER SPRAY, W/ motor 1.5hp                                   | 1              | 6,800.00   | 6,800.00                      |
| 7                 | pcs  | WHEEL BARROW, Heavy duty  *********************************** | 5              | 3,500.00   | 17,500.00<br><b>24,300.00</b> |
|                   |      | To co   | MMISSION ON AU | III. TSIII |                               |

(Total Amount in Words) Twenty Four Thousand Three Hundred Pesos Only

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. ARMEE N ROSEL

VP, Research & Extension Services

Authorized Official

Conforme:

(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name:

Bank Address:

Funds Available:

ELENA MA

Head, Budget Office

Revision No. 03 Form No.: TSU-PRO-SF 09

ALOBS No.:

Amount:

Effectivity Date: Augist 24, 2020

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