

Type of Business:

## **PURCHASE ORDER**

Procurement Unit

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

Address: Cut Cut 1st, Tarlac City

MAGIC STAR SUPERMARKET

206-818-612-000 VAT Reg.

Merchandising

**DELIVERY DUE DATE:** 

PR No.:

2023-03-103

PO No.:

2023-140

Date:

4/3/2023

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Mode of Procurement:

Small Value

Tel. No.: (045) 628-4290

Gentlemen:

TIN No.:

Supplier:

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: Payment Term: C.O.D

There No. | Unit | Description | Quantity | Unit Cost | Total Cost

date of Benvery.		· · · · · · · · · · · · · · · · · · ·		
Unit	Description	Quantity	Unit Cost	Total Cost
box	DRINKING WATER, 500ml, 35bottles/box, Wet	3	262.50	787.50
roll	TRASH BAG, Large, 10's/roll	3	58.90	176.70
pack	PLASTIC SPOON, 25's/pack	10	16.50	165.00
pack	PLASTIC FORK, 25's/pack	10	16.50	165.00
	**************************************			1,294.20
	Unit box roll pack	Unit Description  box DRINKING WATER, 500ml, 35bottles/box, Wet  roll TRASH BAG, Large, 10's/roll  pack PLASTIC SPOON, 25's/pack  pack PLASTIC FORK, 25's/pack  ***********************************	Unit     Description     Quantity       box     DRINKING WATER, 500ml, 35bottles/box, Wet     3       roll     TRASH BAG, Large, 10's/roll     3       pack     PLASTIC SPOON, 25's/pack     10       pack     PLASTIC FORK, 25's/pack     10	Unit         Description         Quantity         Unit Cost           box         DRINKING WATER, 500ml, 35bottles/box, Wet         3         262.50           roll         TRASH BAG, Large, 10's/roll         3         58.90           pack         PLASTIC SPOON, 25's/pack         10         16.50           pack         PLASTIC FORK, 25's/pack         10         16.50

(Total Amount in Words) One Thousand Two Hundred Ninety Four Pesos & Twenty Centavos 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. GRACE N. ROSETE
Vice President for Administration

Authorized Official

COMMISSION ON AUDIT TELL

Conforme:

2/2/4 (radruly

MAGIC STAR SUPERMARKET

(Signature over printed name & date)
Bank Account Name:

Bank Account Number:

Bank Name:

Bank Address:

Funds Available:

IASPER A. YAUDER, CPA

**Budget Officer** 

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

ALOBS No. :

Amount:

Effectivity Date: August 24, 2020

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