



# PURCHASE ORDER

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

**DELIVERY DUE DATE:**

Supplier : **PYP AGRO-INDUSTRIES, INC.**  
Address : **1000 Panganiban St., Tarlac City**  
TIN # **000-540-804-000 VAT REG.**  
Tel. No. : **982 - 1289/1228**

PR No.: **2019-12-484**  
PO No.: **2020-255**  
Date: **7/29/2020**  
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: **Weekly**  
Payment Term: **Monthly**

Date of Delivery:

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
18	gal	Purified Drinking Water (5 gal/pail) ***** Purpose: for TSU University consumption for the Month of August 2020 <b>Terms &amp; Conditions :</b> 1. Provide hot & cold dispensing units w/o any rental fee or charge. 2. Lend New water containers with their caps on and in good condition. 3. Responsible for the cleaning of all dispensers on a monthly basis. 4. Responsible for maintenance and repair of all dispensers. 5. Consumption of Purified drinking water for the Period of January 1, 2019 to December 2019 6. With the following Certificates and Permits a. License to Operate as to bottled drinking water processor b. Physio-Chemical Test Certificate c. Microbiological Test Certificate d. Report on Bacteriologic Analysis Water e. Mayor's Permit f. Sanitary Permit to Operation	500	27.50	<b>13,750.00</b>

(Total Amount in Words) Thirteen Thousand Seven Hundred Fifty 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. GLENARD T. MADRIAGA  
VP, Admin. & Finance  
Authorized Official

Conforme:

**PYP AGRO-INDUSTRIES, INC.**  
(Signature over printed name & date)

8-4-20



Bank Account Name: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_

Funds Available:  
**ELENA MAY T. TEOFILO**  
Head, Budget Office

ALOBS No. :  
Amount :

Handwritten initials and date: *md*  
*8/5/20*