

## **PURCHASE ORDER**

Procurement Unit

Type of Business:

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

**DELIVERY DUE DATE:** 

PR No .:

PO No .:

Date:

1 3 SEP 2024

2024-07-300

2024-524

8/13/2024

AZITSOROG, INC.

Supplier: Address:

103 Gloria St. Corner Ortigas Avenue Extension

Marick Subdivision, Cainta Rizal

Merchandising

215-398-290-000 VAT Reg. TIN No.:

Tel. No.: 0977-186-2598 Mode of Procurement: **Direct Contracting** 

Gentlemen:

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

Place of Deli		TARLAC STATE UNIVERSITY	Delivery Term:		30 calendar days
Date of Delivery:			Payment Term:		N/15
Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
1	roll	RETRANSFER FILM, High definition, 1000 counts per roll one sided, 500 cards per roll	20	8,500.00	170,000.00
2	roll	RIBBON, for edisecure printer XID 8300, YMCK High-definition ribbon, 1000 prints per roll	10	31,500.00	315,000.00
-		Warranty: 3 Months ************************************			485,000.00
		Purpose: APP-2024 3rd Quarter (Digital Studio Consumables)			
			entare estados		
			The state of the s		

(Total Amount in Words) Four Hundred Eighty-Five Thousand 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. ARNOLD E. VELASCO

President

other ded Official &

AZITSOROG, INC.

(Signature over printed name & date)

Bank Account Name:

Azitsorog, Inc.

Bank Account Number:

1491-1238-57

Bank Name:

Landbank of the Philippines

Bank Address:

Robinsons Place Novaliches Branch

Funds Available:

No.: TSU-PRO-SF-09

IASPER A. YAUDER, CPA

Revision No. 03

**Budget Officer** 

ALOBS No.: 11-107512-2024-08-0091

Amount: Fury m-

Effectivity Date: August 24, 2020

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E. VELASCO Conforme:

AZITSOROG, INC.

(Signature over printed name & date)

Bank Account Name:

Bank Account Number:

Bank Name:

Bank Address:

Funds Available:

No.: TSU-PRO-SF-09

JASPER A. YAUDER, CPA

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